

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1501

BIRTH NO. 52 1501 48-06420

1. NAME OF DECEASED
(Type or Print)

Barbara M. Shorman

2. DATE
OF
DEATH

Feb. 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University of Maryland Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

Md.

D. STREET ADDRESS (If rural, give location)

26-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MAR. 20, 1948

9. AGE (In years last birthday)

3

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bryson Shorman

14. MOTHER'S MAIDEN NAME

Dorothy Engles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Shorman - 217 S. Pulaski St.

18. 204.31

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Acute Leukemia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1952 to 2-13, 1952 that I last saw the deceased alive on 2-13, 1952 and that death occurred at 1:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

John Shelby Metcalf

23B. ADDRESS

2407

Edison Av.

23C. DATE SIGNED

2-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cmn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George W. Taylor Fulton Ave. Gayles St.

1001

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FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1502**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Duggan

2. DATE
OF
DEATH

2/14/1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland Balto. Md.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 21st. 1891

9. AGE (in years
last birthday)

60

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Diviney

14. MOTHER'S MAIDEN NAME

Mary Scarrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Martin Duggan 10 S. Monroe St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio
vascular disease

(C) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 12, 1952 to February 14, 1952, that I last saw the
deceased alive on February 14, 1952, and that death occurred at 10:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

Davis Magate

23B. ADDRESS

M. D.

Bon Secours Hospital

23C. DATE SIGNED

2/14/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/18/52

New Cathedral Cemetery

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1952

Huntington Williams, M.D.

Geo. R. Bauer Jr.

1512 Hollins St.

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10952000150 Baltimore 23 Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1503**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN Truxson

2. DATE
OF
DEATH

February 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Laurel, Md.

D. STREET ADDRESS (If rural, give location)

Rt. 1 Box 87

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 12, 1901

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Pipe Factory

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ike RYZN

14. MOTHER'S MAIDEN NAME

Carrie Truxon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Elise Morgan

ADDRESS

Laurel Md.

18. E812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Skull fracture

ANTECEDENT CAUSES

Fracture of left humerus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Compound comminuted fracture left femur

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Waterloo, Md.

6300

21D. TIME (Month) (Day) (Year) (Hour)

February 12, 1952/p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

While walking, struck by automobile

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Howard

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 13, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Feb. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sandtown Cem.

24D. LOCATION (City, town, or county)

Carolina Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1504**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVELYN Cook (Ball)

2. DATE OF DEATH

FEB 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-2N

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND**

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write FULL name and give township)

BALTIMORE

15-02

7. STREET ADDRESS (If rural, give location)

1424 BRUCE STREET

c. Length of stay in Baltimore

Yrs.
Mos.
Days

8. SEX

FEMALE

9. COLOR OR RACE

Colored

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

11. DATE OF BIRTH

12-28-19

12. AGE (in years last birthday)

32

13. Under 1 Year

Months: Days

14. Under 24 Hours

Hours: Min.

15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

15B. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)

Balto. Md.

17. CITIZEN OF WHAT COUNTRY?

U.S.A.

18. FATHER'S NAME

John Cook

19. MOTHER'S MAIDEN NAME

Estelle

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

21. SOCIAL SECURITY NO.

22. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

23. **330X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Spontaneous subarachnoid hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

aneurysm circle of Willis

(C) DUE TO

3 days.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

10 Feb 52

25. MAJOR FINDINGS OF OPERATION

ligation internal carotid

26. AUTOPSY?

YES ☒ NO ☐

27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. TIME (Month) (Day) (Year) (Hour) OF INJURY

31. INJURY OCCURRED

32. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

33. I hereby certify that I attended the deceased from **2-10-1952** to **2-13-1952**, that I last saw the deceased alive on **2-13-1952**, and that death occurred at **7:45 AM.**, from the causes and on the date stated above.

34. SIGNATURE

John Brown

35. ADDRESS

JOHNS HOPKINS HOSPITAL

36. DATE SIGNED

13 Feb 52

37. BURIAL, CREMATION, REMOVAL (Specify)

Burial

38. DATE

Feb. 16, 1952

39. NAME OF CEMETERY OR CREMATORY

W.F. Calvary Cem.

40. LOCATION (City, town, or county)

Catonsville Md.

(State)

41. DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1952

42. REGISTRAR'S SIGNATURE

Huntington Williams

43. FUNERAL DIRECTOR

Mrs. Katie R. Williams

44. ADDRESS

3224 Schomberg St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE JOHNS HOPKINS HOSPITAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1505
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Offer

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1446 Carroll St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

21-00

D. STREET ADDRESS (If rural, give location)

1446 Carroll St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 5, 1889

9. AGE (In years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Lumber Yard

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

John Offer Sr.

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Ida Walker

ADDRESS

1446 Carroll St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

(B)

Nephritis, chronic

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

7 days

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-11*, 19*52*, to *2-13*, 19*52*, that I last saw the deceased alive on *2-13*, 19*52*, and that death occurred at *3 P* m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Dulack, Jr.

23B. ADDRESS

1222 Ward Blvd

23C. DATE SIGNED

2-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams

Mrs. Katie R. Williams

Schneider St

9706 P

131B

9706 P

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1902

1902



F 4082 1506

FAUL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1506

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH LOUISE FAUL

2. DATE
OF
DEATH Feb. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1600 E. 29th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1600 E. 29th St.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 9, 1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Walters

14. MOTHER'S MAIDEN NAME

Sophia Mayer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

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CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

30 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944 to 2/12, 1952, that I last saw the
deceased alive on 2/11/52, 1952, and that death occurred at 11:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ullrich Funeral Home 2008 Orleans St.

ADDRESS

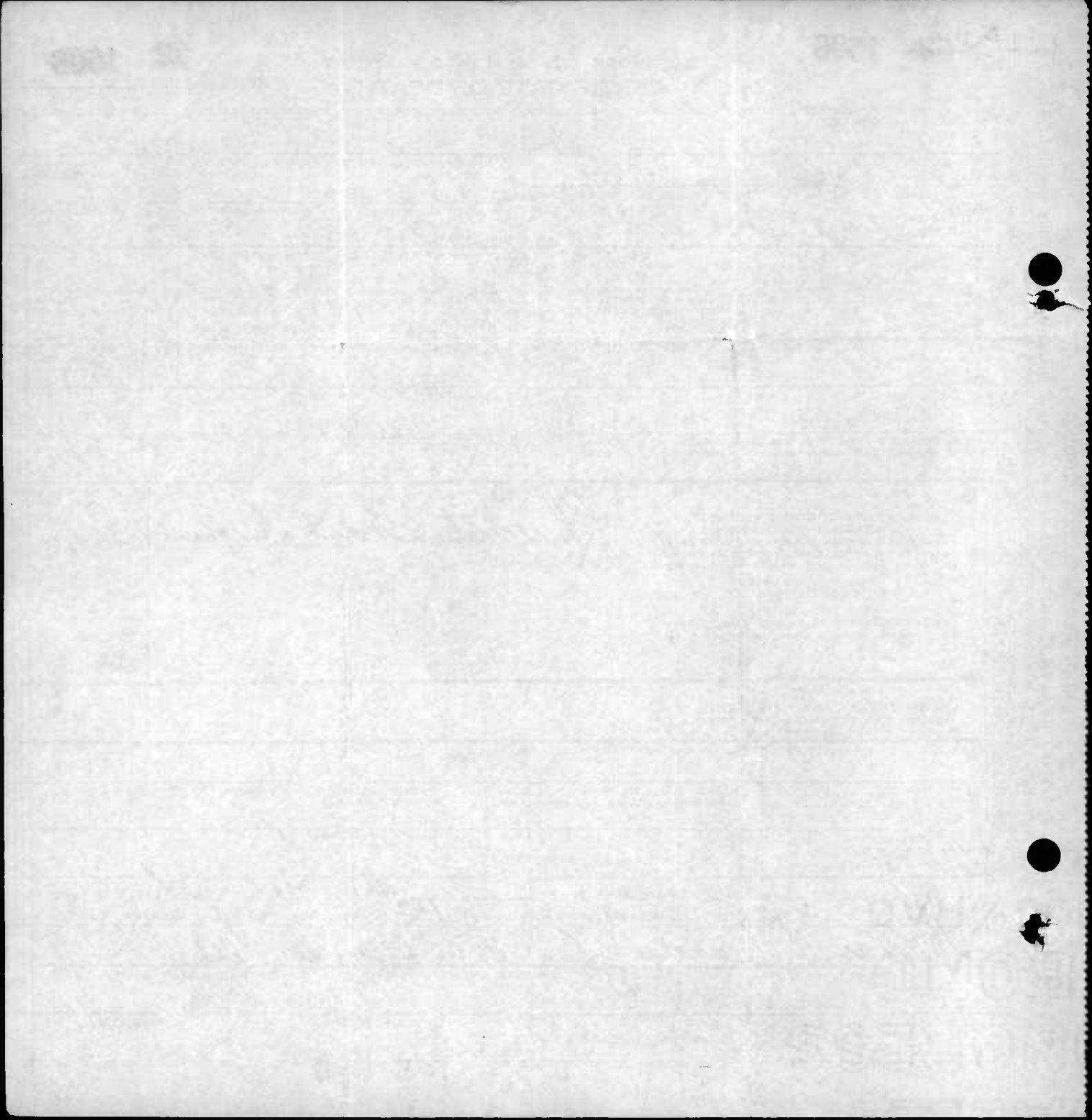
VS 150

19520001505

95B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1507

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILIE ENSOR LINDSAY

2. DATE
OF
DEATH

FEBRUARY 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 115 E. Melrose Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

B. COUNTY

Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION

LONG GREEN NURSING HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Rural

D. STREET ADDRESS (If rural, give location)

2907 Dubois Avenue

c. Length of stay in Baltimore

Years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10/29/1876

9. AGE (in years last birthday)

75

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edward C. Ensor

14. MOTHER'S MAIDEN NAME

Phoebe Dance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

E.C. Lindsay, Baltimore, Md.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

30 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

6 years

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

None

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1949, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Bird

23B. ADDRESS

1532 Havenwood Road

23C. DATE SIGNED

Feb. 15, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

24D. LOCATION (City, town, or county)

Sams Creek, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

D.D. Hartzler and Sons

ADDRESS

Union Bridge and New Windsor, Maryland

VS 150

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1508

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Smith, Clarence H. Sr.

2. DATE
OF
DEATH

2/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. Length of stay in Baltimore

30

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/14/1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Railroader

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Smith, Abram, Penna

14. MOTHER'S MAIDEN NAME

Hoskins, Sue Penna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

17. INFORMANT

Smith, Clarence Jr.

ADDRESS

2510 Steele

18.

572.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Peritonitis & Ileus due to

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

obstruction, complete

(C)

Chronic Diverticulitis

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15/52, 19__, to 2/15/52, 19__, that I last saw the
deceased alive on 2/15/52, 19__, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1952

Huntington Williams, M.D. Deaf & Deaf Home Wash. D.C.

VS 150

10952002150

690 50

121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1951

UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

20540

Blank lined page with three binder holes on the right margin.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1509**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frank Koprowski (Pohl)			2. DATE OF DEATH Feb. 15/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 411 S. Collington Ave			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 411 S. Collington Ave		
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 4, 1887		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instrument Maker		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Koprowski			14. MOTHER'S MAIDEN NAME Bertha		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214032828	17. INFORMANT ADDRESS Frank Skalski		

18. 447X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular renal disease		INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 3, 1952**, to **Feb. 15, 1952**, that I last saw the deceased alive on **Feb. 11, 1952**, and that death occurred at **9:25 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Sigmund R. Novak	23B. ADDRESS 408 S. Patt. Ph. Ave.	23C. DATE SIGNED Feb. 15, 1952
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 18/52	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore
--	--------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1952	REGISTRAR'S SIGNATURE Wilmington Williams	25. FUNERAL DIRECTOR Frank S. O. Pazurski	ADDRESS 1930 Eastern Ave
--	---	---	------------------------------------

VS 150

5443W

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

K-165
241589

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1510
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa Kempe

2. DATE
OF
DEATH

2/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-06

D. STREET ADDRESS (If rural, give location)

3534 Chestnut Ave

c. Length of stay in Baltimore

LIFE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

MAR 11 1883

9. AGE (In years last birthday)

68

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES FOGLE

14. MOTHER'S MAIDEN NAME

MARY E. SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

LORRAINE BITZEL BETGER-15 CURLE

18.

204.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Massive Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Lymphocytic leukemia

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/14, 1952* to *2/14, 1952* that I last saw the deceased alive on *2/14, 1952* and that death occurred at *11:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Jerome Heall

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

2/15/52

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Off Frederick Rd, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1952

Huntington Williams, M.D.

Justin E. Donovan-3818 Roland Ave

VS 150

7200A

74a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0121

25

1940

RECEIVED BY THE DIRECTOR OF THE
BUREAU OF INVESTIGATION

0121

25



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1511

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS, John Edgar

2. DATE
OF
DEATH

2/16/52 1:10 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore Somerset

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

US PUBLIC HEALTH SERVICE HOSPITAL
Baltimore 11, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

Champ, Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4-29-88

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

seaman

10B. KIND OF BUSINESS OR
INDUSTRYInspector Industrial
fisher

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

George W. Thomas

14. MOTHER'S MAIDEN NAME

Nettie Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unk

16. SOCIAL
SECURITY NO.

unk

17. INFORMANT

ADDRESS

Records, USPHS Hospital, Baltimore 11, Md

18.

155X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Carcinoma of liver (hepatic duct)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-29-52

19B. MAJOR FINDINGS OF OPERATION

tumor obstructing hepatic ducts

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1951, to 2/16/52, 1952, that I last saw the deceased alive on 2/16/52, 1952, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank London M.D. for
John L. Wilson, Medical Director

23B. ADDRESS

USPHS Hospital, Baltimore, Md.

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb 16 1952

24C. NAME OF CEMETERY OR CREMATORY

Oriskany Cemetery

24D. LOCATION (City, town, or county) (State)

Oriskany Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James L. Shannon

ADDRESS

Princess Anne

100% BARGAIN
BOND

CONCORD

VALLEY

25

RECEIVED
JAN 1 1961

RECEIVED
JAN 1 1961

RECEIVED
JAN 1 1961

RECEIVED
JAN 1 1961

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1512
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Champlin

2. DATE
OF
DEATH

Feb. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write R.U.R.A. and give township)

D. STREET ADDRESS (If rural, give location)

2012 Madison Ave.

c. Length of stay in Baltimore

50 yrs

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday) Months: Days: If Under 1 Year: If Under 24 Hours: Min.

Female Colored

Widow

Aug. 21, 1894

57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Housewife

Home

Accamac Co. Pa.

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *420.0*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) *arteriosclerotic heart disease*
DUE TO

18 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1950*, 19 *to 2113*, 19 *52*, that I last saw the deceased alive on *7-13*, 19 *52*, and that death occurred at *6:30* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James D. Carr

M. D.

1427 Madison Ave

7-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Feb. 16, 1952

Arbutus Mem. Pk. Baltimore Co. Md.

Baltimore Co. Md.

FEB 16 1952

Huntington Williams, M.D.

Wallace Funeral Home

1627 Arbutus Hill Ave.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1871 1872 1873 1874 1875 1876 1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900

Information Non-contributory

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1513

BIRTH NO. 592 1513

1. NAME OF DECEASED (Type or Print) Miss Margaret Sheehan			2. DATE OF DEATH 2/15/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 4503 Ridge Ave. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27, Md. 28-51		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4503 Ridge Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/4/1885?	9. AGE (in years last birthday) 66?	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			10B. KIND OF BUSINESS OR INDUSTRY BOO RR		
11. BIRTH PLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James J. Sheehan			14. MOTHER'S MAIDEN NAME Mary M. Keenan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Mrs. William E. Sheehan			ADDRESS 4503 Ridge		

18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Hemorrhage			
DUE TO		disease			
ANTECEDENT CAUSES		(B) Hypertensive Cardio Vascular			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 14th 1952 to Feb 15th 1952 , that I last saw the deceased alive on Feb 15th 1952 and that death occurred at 10 AM , from the causes and on the date stated above.					
23A. SIGNATURE Levan Munday		23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 2-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 2/18/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) 4300 Old Frederick		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR John J. Cowan & Son	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1952		24G. ADDRESS 937 St.			

VS 150

35050

937 St.

813

813

MARGIN RESERVED FOR BINDING

J1-155324

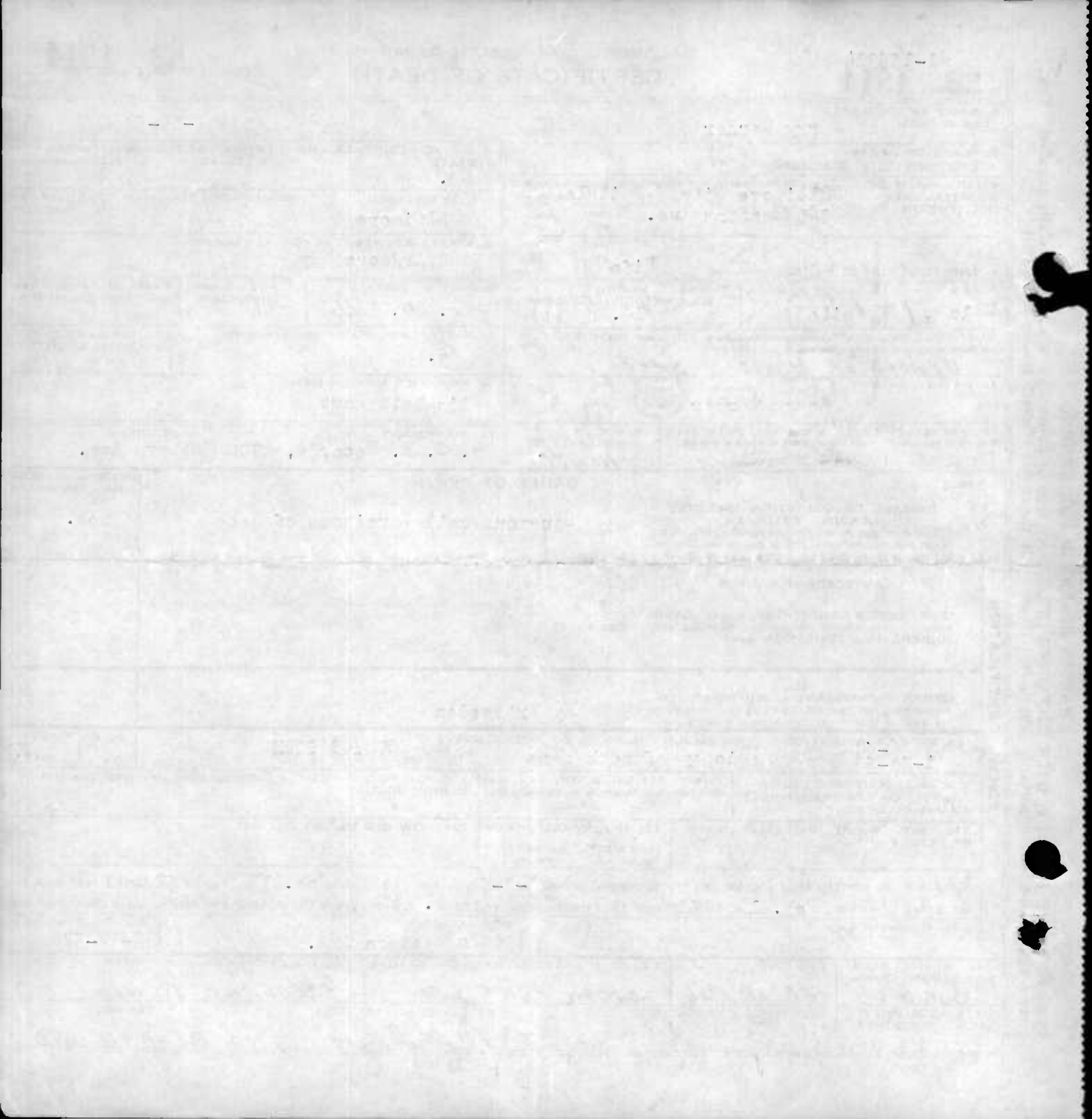
BIRTH NO. 52 1514

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1514

1. NAME OF DECEASED (Type or Print) Harry Werner		2. DATE OF DEATH 2-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5120 Ardmore Way	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Aug. 20, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOLSTER RETIRED		10B. KIND OF BUSINESS OR INDUSTRY SELF	9. AGE (in years last birthday) 84
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Werner		14. MOTHER'S MAIDEN NAME Elizabeth Vogt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE.	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	
18. CAUSE OF DEATH 199.1.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Squamous cell Carcinoma of Neck (A) DUE TO (B) (C) INTERVAL BETWEEN ONSET AND DEATH 5 mos.			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 1-28-52		19B. MAJOR FINDINGS OF OPERATION Esophagoscopy Biopsy of neck mass Bronchoscopy	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-2-52 , 19 52 , to Feb. 14 , 19 52 , that I last saw the deceased alive on Feb. 14 , 19 52 , and that death occurred at 4.30 PM. , from the causes and on the date stated above.			
23A. SIGNATURE P. B. Crogen		23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED 2-14-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE FEB 18 1952	
24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.		24D. LOCATION (City, town, or county) (State) FREDERICK ROAD MD.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR W. H. B. Co.		ADDRESS 7110 BELAIR RD.	

55E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1515BIRTH NO. 52 1515

1. NAME OF DECEASED (Type or Print) GEORGE PHILLIPS		2. DATE OF DEATH February 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 5 years Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 519 N. Curley Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Automobile	9. AGE (In years last birthday) 52 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Uniontown, West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Phillips		14. MOTHER'S MAIDEN NAME Rhode Cass	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT Philip Phillips		ADDRESS Cleveland, Ohio	

18. E 976 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of head (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 519 N. Curley Street	
21D. TIME (Month) (Day) (Year) (Hour) Feb. 15, 1952 8:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Firearms	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Updegraff</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-16-52		24C. NAME OF CEMETERY OR CREMATORY New Martinsburg, W. Virginia	
24D. LOCATION (City, town, or county) (State) New Martinsburg, W. Virginia					

DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Walter Dabrowski</i>	
VS 151		N-803.4		1001A. Randolph Ave. 164c ✓	

STATEMENT OF HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF BIRTH		6. PLACE OF BIRTH		7. DATE OF DEATH		8. PLACE OF DEATH		9. CAUSE OF DEATH		10. MANNER OF DEATH		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR		13. SIGNATURE OF WITNESSES		14. SIGNATURE OF DECEASED		15. SIGNATURE OF NEXT OF KIN		16. SIGNATURE OF BURIAL OFFICIAL		17. SIGNATURE OF FUNERAL HOME		18. SIGNATURE OF CEMETERY		19. SIGNATURE OF CHURCH		20. SIGNATURE OF OTHER			

11

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1516

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY KIECAL or MARY KATZAL

2. DATE
OF
DEATH

FEB. 13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

822 S. LUZERNE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

822 S. LUZERNE AVE

c. Length of stay in Baltimore

62 YRS.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 22/1882

9. AGE (In years

last birthday)

69

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CANNING (ROBERTS)

10B. KIND OF BUSINESS OR
INDUSTRY

CANNING

11. BIRTHPLACE (State or foreign country)

POHANO

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

JOHN LISEK

14. MOTHER'S MAIDEN NAME

CATHERINE WERNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ANDREW KIECAL 822 S. LUZERNE AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY OCCLUSION

1/2 hr.

DUE TO

ARTERIOSCLEROSIS GENERALIZED

3 YRS.

ANTECEDENT CAUSES

(B)

PNEUMONIA ATYPICAL

1 MONTH

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from JAN. 25, 1952, to FEB. 13, 1952, that I last saw the
deceased alive on FEB. 13, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin S. Johnston

23B. ADDRESS

121 S. HILMAN AVE.

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB. 18/52

24C. NAME OF CEMETERY OR CREMATORY

ST. STANISLAUS. CEM.

24D. LOCATION (City, town, or county)

DUNDALK AVE

DATE RECEIVED BY

FEB 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stephen J. Fialkowski, Inc.

ADDRESS

1000 S. KENWOOD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1517**BIRTH NO. **536**1. NAME OF DECEASED
(Type or Print)**MAUDE C. SNYDER**2. DATE
OF
DEATH **Feb. 15, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**3707 Ferndale Ave.**

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3707 Ferndale Ave.

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

Nov. 23, 19029. AGE (In years
last birthday)**49**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Housewife**10B. KIND OF BUSINESS OR
INDUSTRY**at home**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Gosnell

14. MOTHER'S MAIDEN NAME

Nate Bailey15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**no**

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. John Carl Snyder, Sr., -3707 Ferndale Av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

**Probable acute coronary
thrombosis****3-4 hrs.
(prob.)**

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, _____ RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Acute shock, acute pulmonary edema****3-4 hrs**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 10, 1952** (seen only once), that I last saw the
deceased alive on **Feb. 10, 1952** and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

M. Goldstein

23B. ADDRESS

M. D.

5334 Liberty Heights Ave

23C. DATE SIGNED

2/15/5224A. BURIAL, CREM-
ATION, REMOVAL (Specify)**Burial**

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1952**Huntington Williams, M.D.****Wm. S. Vickers & Sons**

VS 150

19520501**94a Balto md.**

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

BEFORE ME, the undersigned authority, on this _____ day of _____, 19____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1518
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM MORTON MEREDITH

2. DATE
OF
DEATH

Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1135 Scott St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1135 Scott St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 15, 1911

9. AGE (In years

last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chief Draftsman

10B. KIND OF BUSINESS OR INDUSTRY

steel

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William B. Meredith

14. MOTHER'S MAIDEN NAME

Sadie Bloomfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thelma A. Meredith - 1135 Scott St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Hypertensive Cardiovascular-renal Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

Several hours

Several years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan**, 1952, to **Feb 14**, 1952 that I last saw the deceased alive on **Feb 14**, 1952 and that death occurred at **3 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman

M. D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Tichenor & Sons

FEB 16 1952

VS 150

1952 03836517

1312 Balto 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0101 50

DEATH CERTIFICATE

1970

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DEATH CERTIFICATE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1519**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA M. HAYS

2. DATE
OF
DEATH

Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3022 Presstman St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3022 Presstman St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 21, 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob F. Harvey

14. MOTHER'S MAIDEN NAME

Martha Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Bessie C. Hays - 3022 Presstman St.

18.

421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Acute dilatation of heart**

DUE TO

ANTECEDENT CAUSES

(B) **Mitral Regurgitation**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

9 hrs

3 yrs -

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 4, 1952** to **Feb. 14, 1952**, that I last saw the deceased alive on **Feb. 14, 1952**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23A. SIGNATURE

Josiah C. Jackson

M. D.

23B. ADDRESS

3055 W. North Ave -

23C. DATE SIGNED

Feb 15 - 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. J. Pickner & Sons

ADDRESS

922 Baeto md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
Baltimore City Health Department
CERTIFICATE OF DEATH

1919

1919

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
John Doe		Male		45		Jan 1, 1919		New York City		123 Main St		Heart Disease		Home		10:00 AM		J. Smith		A. Jones	
Occupation		Marital Status		Color		Religion		Education		Previous Illnesses		Medical History		Manner of Death		Burial Place		Burial Date		Burial Time	
Teacher		Married		White		Catholic		High School		None		None		Natural		Catholic Cemetery		Jan 1, 1919		10:00 AM	

52 1520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1520

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB PUGATSKY

2. DATE
OF
DEATH

2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

353 No Calvert St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Brooklyn

D. STREET ADDRESS (If rural, give location)

397 Rockaway Parkway

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

241X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

Acute Coronary Thrombosis
Myocardial Infarction
Vascular diseaseOutbred,
2 yrs.

(B)

DUE TO

Asthma + Bronchitis

5 yrs.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

1949, to Feb 16, 1952

deceased alive on Feb 15, 1952 and that death occurred at 5:14 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1952

Huntington Williams

JACK LEVINSON

2100 Canton Rd

VS 150

51024

93D

RECEIVED JAN 10 1964

052



MALE
GUMBO
100.55
100.55

M-620

52 1521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1521

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK JOSEPH MURAS

2. DATE
OF DEATH February 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 2-03

D. STREET ADDRESS (If rural, give location)

800 S. Broadway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Muras

14. MOTHER'S MAIDEN NAME

Johanna Srubar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

Reoder Funeral Home, Shiner, Texas

ADDRESS

18.

F 929.8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Foot of 800 block S. Caroline Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found: Feb. 11, 1952 8 A.M.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

2/2

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

William H. Cook

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

M.D.

23C. DATE SIGNED

Feb. 11, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Shiner

24D. LOCATION (City, town, or county)

Shiner,

Texas

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1952

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

H. H. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 151

N-990x

520

183

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1941 52

1941 52

1941 52

F-612 52 1522

FORDIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1522

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugene C. Forbis

2. DATE
OF
DEATH

2/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland University

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

A. STATE ? North Carolina V-30

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Thomasville

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

April 20, 1903

9. AGE (In years
last birthday)

48

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Moore County, N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel J. Forbis

14. MOTHER'S MAIDEN NAME

H. Lora Cameron

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Hightower, University Hospital

18.

541.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive G.I. Hemorrhage due to

DUE TO Posterior Duodenal ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Posterior Duodenal ulcer eroding

DUE TO into Pancreas & Superior pancreaticoduodenal

(C) Aorta

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.+ Subtotal gastrectomy 6-Excision
5 Duodenal fistula 7-Bilateral atelectasis
9-Low grade P. & M. 8-Pneumonia (infectious)

19A. DATE OF OPERATION

2/5/52 2/10/52

19B. MAJOR FINDINGS OF OPERATION

Bleeding peptic ulcer -

Excision

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1952, to 2-15, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Hightower

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/16/52

24C. NAME OF CEMETERY OR CREMATORY

Thomasville

24D. LOCATION (City, town, or county)

Thomasville City, N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1212 St. Paul St

ADDRESS

VS 150

1 9 5 2 0 5 0 1 5 2 1

117a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

ND-153569
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George J. Strube		2. DATE OF DEATH Feb. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1426 W. Fayette St. (23)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar. 7, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10B. KIND OF BUSINESS OR INDUSTRY Tavern	
13. FATHER'S NAME Orace Strube		14. MOTHER'S MAIDEN NAME Elizabeth Neeb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue		12. CITIZEN OF WHAT COUNTRY?	

18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of lung DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 Wk.
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-31 , 1951, to 2-16 , 1952, that I last saw the deceased alive on 2-16 , 1952, and that death occurred at 6:50 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE R. S. Oger		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 19-1952		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS George L. Schwab, 2101 E. Pratt St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 52-1523

4/5/52 ES

52 1524

52 1524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAX MOSES

2. DATE
OF
DEATH

February 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Ind

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

3428 Park Heights Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3428 Park Heights Avenue

c. Length of stay in Baltimore

36 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1874

9. AGE (In years

last birthday)

78

N Under 1 Year

Months: Days

N Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Shop

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Morris Moses

14. MOTHER'S MAIDEN NAME

Theresa ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

2

17. INFORMANT

ADDRESS

Morris Moses-3428 Park Heights Avenue

18.

260 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

diabetes mellitus, arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Blindness

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to Feb 15, 1952, that I last saw the
deceased alive on Feb 15, 1952, and that death occurred at 7:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kadon

M. O.

23B. ADDRESS

2306 EUTAW PL

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/17/52

24C. NAME OF CEMETERY OR CREMATORY

Mishkin Israel Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson + Bros. - 1124-26 W.

FEB 17 1952

VS 150

61 North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-352
52 1525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1525
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ida Mednick		2. DATE OF DEATH February 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2809 Ulman Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12			
c. Length of stay in Baltimore 46 Yrs		D. STREET ADDRESS (If rural, give location) 2809 Ulman Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1873	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Edward		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Herman M Mednick 3500 Liberty Heights Ave	

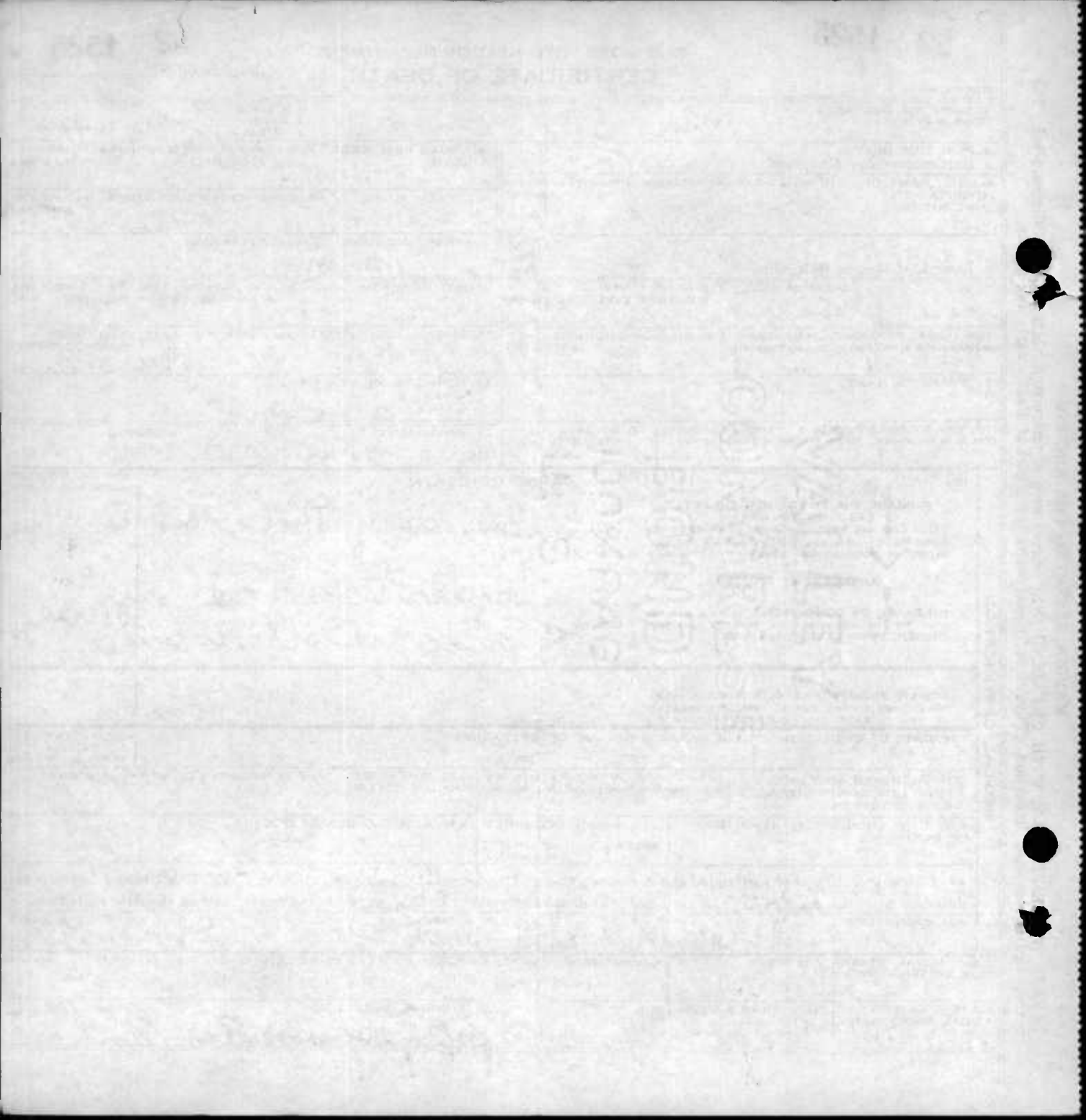
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Coronary Thrombosis		3-4 yrs	
ANTECEDENT CAUSES		(B) DUE TO		Hypertension	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO		arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb-11-1952 to Feb-15, 1952 , that I last saw the deceased alive on Feb-15-19 , and that death occurred at 8:15 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Herman Seidel		23B. ADDRESS 2404 Eutaw Rd		23C. DATE SIGNED 2/15/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 17, 1952		24C. NAME OF CEMETERY OR CREMATORY Shaarei Zion Cong Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. VS 150		24H. FUNERAL DIRECTOR Sol Lawrence Bros		24I. ADDRESS 11260 North ave	

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-635 52 1526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1526
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) ESTHER FREEDMAN	
2. DATE OF DEATH 2-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3708 Forest Park Ave	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38	
D. STREET ADDRESS (If rural, give location) 3708 Forest Park Ave	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH
9. AGE (In years last birthday) 65	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hyman Wolbarsht	
14. MOTHER'S MAIDEN NAME Jessie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT ADDRESS Dr Arthur Freedman	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO ANTECEDENT CAUSES Hypertension (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH 6 hrs 5 yrs +	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 30, 1917 to 2/15, 1952 , that I last saw the deceased alive on 2/15, 1952 and that death occurred at 9:30 m., from the causes and on the date stated above.	
23A. SIGNATURE D. M. J. Shilling M. D.	
23B. ADDRESS 2426 Eutan Place	
23C. DATE SIGNED 2/16/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 2-17-52	
24C. NAME OF CEMETERY OR CREMATORY Beth T. Felo	
24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR	
REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Jack Lewis	
ADDRESS 2100 Eutan Pl	

Shulley
2426
Ma 2661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

52 1527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1527

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MORRIS WASELKOFF</i>			2. DATE OF DEATH <i>2-15-52</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Luthers Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-31</i>		
c. Length of stay in Baltimore <i>35</i> Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>407 Fairlawn Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH		9. AGE (In years last birthday) <i>55</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tailor</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Not known</i>			14. MOTHER'S MAIDEN NAME <i>Not known</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Bernard Wasekoff - Same</i>		

18. <i>470.0</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		(A) <i>Cornary Thrombosis</i>		<i>1 day</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Arteriosclerotic Heart Disease</i>		<i>2 years</i>	
(C) <i>none</i>		(C) <i>none</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		<i>none</i>			

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 2</i> , 1952, to <i>Feb 15</i> , 1952, that I last saw the deceased alive on <i>Feb 15</i> , 1952, and that death occurred at <i>11</i> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Marcel Levin</i>		23b. ADDRESS <i>4818 Rutherford Rd</i>		23c. DATE SIGNED <i>2/16/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-17-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Heavenly Rest</i>	
24d. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, MD</i>		25. ADDRESS <i>Jack Lewis Ave 2100 Canton Rd</i>	

Levin
4818 Reest Rd
Lv 2265

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1528

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHANNE JAVITI

2. DATE
OF
DEATH

FEB. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2323 CALLOW AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 13-01

D. STREET ADDRESS (If rural, give location)

2323 Callow Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon Goldmann

14. MOTHER'S MAIDEN NAME

Minna

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard David - Same

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis
Coronary sclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944 to 2-15th, 1952 that I last saw the
deceased alive on 2-13th, 1952 and that death occurred at 2nd m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Harold H. Bix M. D.

23B. ADDRESS

2516 Linden Ave

23C. DATE SIGNED

2-15th 5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

2-17-52

24C. NAME OF CEMETERY OR CREMATORY

Chever Ave Chesed

24D. LOCATION (City, town, or county)

Randallstown Md

(State)

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

2100 Eutan Pl

ADDRESS

But
Georgiana Count
Apts

52 1529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1529

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMANUEL Rice

2. DATE
OF
DEATH

2/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY

910 LAKE DRIVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO CITY 13-01

D. STREET ADDRESS (If rural, give location)

910 LAKE DRIVE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

RIVIERA APT 910 LAKE DRIVE

C. Length of stay in Baltimore

75 yrs

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

SINGLE

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/14/1876

9. AGE (in years last birthday)

75

If Under 1 Year Months Days

10 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BATTERY BUSINESS

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

AUGUST RICE

14. MOTHER'S MAIDEN NAME

REBECCA STEINBERG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MISS FANNIE RICE RIVIERA APT

ADDRESS

1B.

334X1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral arteriosclerosis

DUE TO

2-3 year

(C)

Generalized arteriosclerosis

15 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular disease

?

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 10, 1952 to Feb. 15, 1952 that I last saw the deceased alive on Feb. 14, 1952, and that death occurred at 1:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Herb H. Gundasheimer, Jr. M. D.

23B. ADDRESS

Riviera Apt Lake Drive

23C. DATE SIGNED

Feb. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/17/52

24C. NAME OF CEMETERY OR CREMATORY

HEBREW FRIENDSHIP PHILARD

24D. LOCATION (City, town, or county)

MD

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

DAVID R. MARTIN 1902 EUTAW PLACE

ADDRESS

[The page contains faint, illegible markings and three binder holes along the right edge.]

G-355

52 1530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1530

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Gutman

2. DATE
OF
DEATH

Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

13-01

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Hospital for the Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore - 17

D. STREET ADDRESS (If rural, give location)

901 LAKE DRIVE

c. Length of stay in Baltimore

69 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

Dec 6 1882

9. AGE (In years
last birthday)

69

If Under 1 Year If Under 24 Hours

Months: Days Hours: Min.

2 9

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

NATHAN GUTMAN

14. MOTHER'S MAIDEN NAME

Frederica Weil

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florence Gutman Rivera gr

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

24 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 28, 1952

19B. MAJOR FINDINGS OF OPERATION

No Subdural Hemorrhage

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 23, 1952, to Feb. 15, 1952 that I last saw the
deceased alive on Feb. 15, 1952 and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Gene H. Cohen

23B. ADDRESS

Hosp for the Women of Md.

23C. DATE SIGNED

Feb. 15, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/17/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO HEBREW CEMETERY BELAIR RD

24D. LOCATION (City, town, or county)

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

DAVID R. MARTIN

ADDRESS

1902 EUTAW PLACE

FEB 17 1952

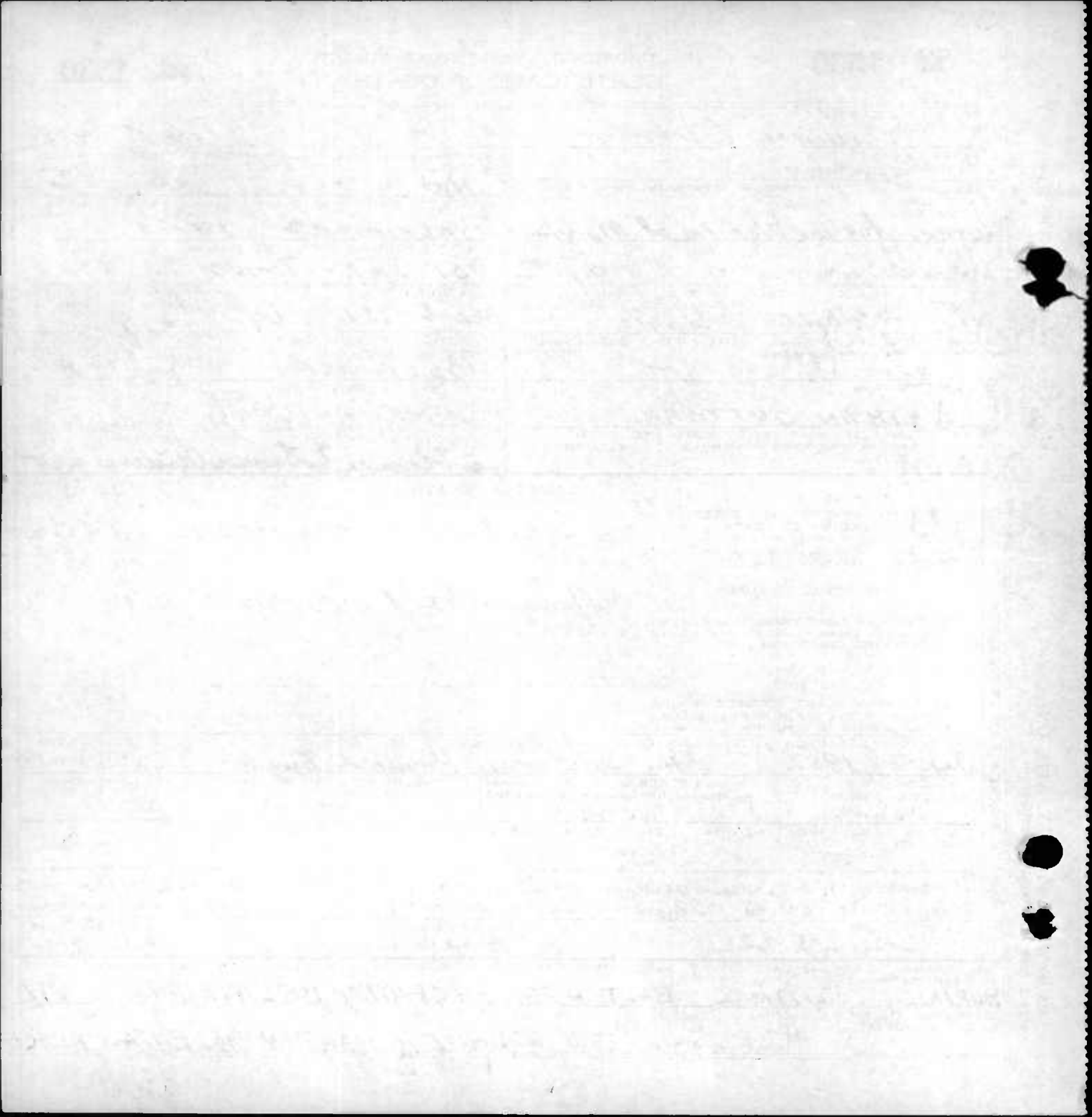
VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



1921 30

THE BOARD OF SUPERVISORS
COUNTY OF DEWITT

1921 30



52 1532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1532

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA M. KRAUSE

2. DATE
OF
DEATH

2/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

2305 E FEDERAL ST

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4700 HARFORD RD

(location)

HARFORD CONVELESEN HOME

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD 8-04

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

4EE Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

6/13/1868

9. AGE (In years,
last birthday)

83

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Roth

14. MOTHER'S MAIDEN NAME

LOUISA UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT 3422 E HOFMAN ST
HOWARD KRAUSE

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Thrombosis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

3 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Arterio Sclerosis

5 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8-1952, to Feb 15-1952, that I last saw the deceased alive on Feb 15-1952, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Gull Hall MD

M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Feb 16-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO CEMETARY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

2427
Chas B Topell Edmondson Ave

ADDRESS

W. E. G. H.

1631 E Balto

Qr 9317

52 1533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1533

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine Irene Mun Ford

2. DATE
OF
DEATHFebruary 15
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

21 E RANDALL STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 24-02

D. STREET ADDRESS (If rural, give location)

1341 JACKSON ST.

c. Length of stay in Baltimore

18 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

MARCH 30, 1916

9. AGE (In years
last birthday)

35

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

ARUNDEL ICE CREAM STORE

11. BIRTHPLACE (State or foreign country)

LEBANON, PA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN SAMUEL MUN FORD (R)

14. MOTHER'S MAIDEN NAME

CARRY BROUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

218-14-9123

17. INFORMANT

ADDRESS

BERTHA I. PADONE 21 E. RANDALL ST.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
(Right)

17 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension, Essential

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from February 14, 1950, to February 15, 1952, that I last saw the
deceased alive on February 14, 1952, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/18/1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

ANNE ARUNDEL Co. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Valter 2343 Mayfield Rd.

VS 150

49068

83a

M-516
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING
MEDICAL CERTIFICATION

1931

1931

STATE OF NEW YORK

1931

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Sex		Age	
Place of Birth		Cause of Death	
Occupation		Signature of Physician	
Residence		Signature of Registrar	
Date of Burial		Place of Burial	
Name of Burial Place		Signature of Burial Place	
Date of Issuance		Signature of Issuing Authority	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1534

52 1534
C-6435201641
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Carlton</i>			2. DATE OF DEATH <i>11/23/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>11-04</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>939 Madison Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1/22/52</i>		9. AGE (In years last birthday) Months: Days <i>13</i> <i>35</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>University Hospital U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Devon Carlton</i>			14. MOTHER'S MAIDEN NAME <i>Kellum</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>939 Madison Ave.</i>		

MEDICAL CERTIFICATION

18. <i>762.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>prematurity</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>asphyxia neonatorum (25 min)</i> (C) DUE TO					
19A. DATE OF OPERATION <i>1/23/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 22, 1952</i> to <i>Jan 23, 1952</i> , that I last saw the deceased alive on <i>1/23, 1952</i> , and that death occurred at <i>9:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J.E. Furman</i>		23B. ADDRESS M. D. <i>University Hospital</i>		23C. DATE SIGNED <i>1/23/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation</i>	24B. DATE <i>1/29/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore City Morgue</i>	24D. LOCATION (City, town, or county) (State) <i>700 Fleet St. - Balt. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 17 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>B.S. Fisher</i>		ADDRESS <i>700 Fleet St.</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

2-520 52 1535

KASIMER S. ZIMNOCH.
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1535

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Zimnoch, Kasimer S.</i>			2. DATE OF DEATH <i>2/16/52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived; If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Luthman Hospital of Md</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-02</i>						
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1715 Gough St</i>						
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>8/1/82</i>		9. AGE (in years last birthday) <i>69</i>	If Under 1 Year Months: _____ Days: _____		If Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>B. & O. RR, CO</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John Zimnoch</i>			14. MOTHER'S MAIDEN NAME <i>Victoria Czackowski</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>705-09-6603</i>		17. INFORMANT <i>Pauline Zimnoch</i>			ADDRESS <i>1715 Gough Street</i>	
18. <i>4201</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary thrombosis</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>24 hr</i>			
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>2/16 12¹²</i> p. m., 19 <i>52</i> , to <i>2/16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2/16</i> , 19 <i>52</i> and that death occurred at <i>10¹²</i> p. m., from the causes and on the date stated above.									
23A. SIGNATURE <i>Jim Medini</i> M. D.			23B. ADDRESS <i>Luthman Hospital</i>			23C. DATE SIGNED <i>2/16/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-20-52</i>		24C. NAME OF CEMETERY <i>Holy Rosary</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Co, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>George & Weber</i>		ADDRESS <i>705 & Penn. av</i>			

VS 150

9520
69050

94a

James Brown

1871

W M

James Brown

A. C. P.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1536

Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <i>February 16, 1952</i>		
1. NAME OF DECEASED (Type or Print) <i>Euphia Roucher</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Subg 4</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Kittanning</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			D. STREET ADDRESS (If rural, give location) <i>410 Market St.</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			8. DATE OF BIRTH <i>9-27-17</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	9. AGE (in years last birthday) <i>34</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>August Mantini</i>			14. MOTHER'S MAIDEN NAME <i>Anita Pinani</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
13. <i>416 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Rheumatic heart disease</i> (A) _____ DUE TO _____ (inactive)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-6</i> , 19 <i>52</i> to <i>2-16</i> , 1952 that I last saw the deceased alive on <i>2-16</i> , 19 <i>52</i> and that death occurred at <i>6:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R E Wells</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-17-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Feb 17 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>KITTANNING PA.</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D. & Sons N. & PA. Aves. 95 B Balto. Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>		VS 150			

See Document File 52-1536

3/12/52 ES

THE JOHNS HOPKINS HOSPITAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1537

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Riley, Mary

2. DATE
OF
DEATH

2/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lutheran Hospital of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

16-08

D. STREET ADDRESS (If rural, give location)

614 N. Augusta Ave

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/9/71

9. AGE (in years
last birthday)

80

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16/52, to 2/17/52, 1952, that I last saw the
deceased alive on 2/17, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James Medaris

M. D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

2/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

REMOVAL
DATE RECEIVED BY
LOCAL REGISTRARFEB 17-1952
Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

SNOW HILL MD
Play Dennis Snow Hotel

VS 150

15200-01536

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1912

RECEIVED

1912

OFFICE OF THE

RECORDS

THE STATE OF NEW YORK

IN SENATE

JANUARY 1, 1912

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR 1911

ALBANY

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PRINTED BY THE

STATE PRINTING OFFICE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1538
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST HENRY ASENDORF

2. DATE
OF
DEATH

2-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1831 W. BALTIMORE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1831 W. BALTIMORE ST.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

DEC. 19, 1879

9. AGE (In years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Wooden Box Co.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE ASENDORF

14. MOTHER'S MAIDEN NAME

SOPHIE WALGEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

E. Howard Asendorf 1831 W. Baltimore St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

cerebral vascular accident
probably a thrombosisINTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerotic and
vascular disease

5 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1948 to 2/15, 1952, that I last saw the
deceased alive on 2/10, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3030 Edmondson Ave.

2/16/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-16-52

Cathedral Cems.

Bulto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams

George H. Farley

Fulton St.

VS 150

29032

937

4116

Edwards



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 1539

BIRTH NO. 52-04482

1. NAME OF DECEASED
(Type or Print)

John Timothy NEFF

2. DATE
OF
DEATH

Feb 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

HARFORD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

STREET

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Feb. 16, 1952

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

0 1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Newborn

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CHARLES AMOS NEFF

14. MOTHER'S MAIDEN NAME

ELIZABETH CHRISTINE ROYE IB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

FATHER

ADDRESS

SAME

18.

761.5
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ATELECTASIS

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PREMATUREITY

DUE TO

(C) PREMATURE separation of placenta 28 hrs.

24 hrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1952, to Feb 17, 1952, that I last saw the deceased alive on Feb 17, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Albert H. Dudley, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, M.D.

Robert P. Pearson

Delta Pa

1939

1939

RECEIVED

1939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johnson, Glenna

2. DATE
OF
DEATH

February 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

HOSPITAL OR

HOSPITAL OR

C. CITY OR TOWN

Baltimore

C. Length of stay in Baltimore

25 yr.

D. STREET ADDRESS (If rural, give location)

7010 Mornington Rd.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10 MAY 1893

9. AGE (In years
last birthday)

68

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE BLAKE

14. MOTHER'S MAIDEN NAME

? GOOCH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

CAMILLA JOHNSON

7010 MORNINGTON RD.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Posterior myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

(C) severe Uremia due to Granular nephrosclerosis,
severe, with recent infarction of
left kidney

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Aortic & arterial sclerosis, severe

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from February 6, 1952, to February 15, 1952, that I last saw the
deceased alive on Feb. 15, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Feb. 16, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

2/18/52

PARKWOOD

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, M.D.

Walter B. Dudley, Dundalk, Md.

68-9-5

0901

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Coroner		11. Name of Registrar		12. Name of Burial Place	
13. Name of Undertaker		14. Name of Funeral Home		15. Name of Cemetery		16. Name of Grave	
17. Name of Interment		18. Name of Burial		19. Name of Burial		20. Name of Burial	
21. Name of Burial		22. Name of Burial		23. Name of Burial		24. Name of Burial	
25. Name of Burial		26. Name of Burial		27. Name of Burial		28. Name of Burial	
29. Name of Burial		30. Name of Burial		31. Name of Burial		32. Name of Burial	
33. Name of Burial		34. Name of Burial		35. Name of Burial		36. Name of Burial	
37. Name of Burial		38. Name of Burial		39. Name of Burial		40. Name of Burial	
41. Name of Burial		42. Name of Burial		43. Name of Burial		44. Name of Burial	
45. Name of Burial		46. Name of Burial		47. Name of Burial		48. Name of Burial	
49. Name of Burial		50. Name of Burial		51. Name of Burial		52. Name of Burial	
53. Name of Burial		54. Name of Burial		55. Name of Burial		56. Name of Burial	
57. Name of Burial		58. Name of Burial		59. Name of Burial		60. Name of Burial	
61. Name of Burial		62. Name of Burial		63. Name of Burial		64. Name of Burial	
65. Name of Burial		66. Name of Burial		67. Name of Burial		68. Name of Burial	
69. Name of Burial		70. Name of Burial		71. Name of Burial		72. Name of Burial	
73. Name of Burial		74. Name of Burial		75. Name of Burial		76. Name of Burial	
77. Name of Burial		78. Name of Burial		79. Name of Burial		80. Name of Burial	
81. Name of Burial		82. Name of Burial		83. Name of Burial		84. Name of Burial	
85. Name of Burial		86. Name of Burial		87. Name of Burial		88. Name of Burial	
89. Name of Burial		90. Name of Burial		91. Name of Burial		92. Name of Burial	
93. Name of Burial		94. Name of Burial		95. Name of Burial		96. Name of Burial	
97. Name of Burial		98. Name of Burial		99. Name of Burial		100. Name of Burial	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1541

BIRTH NO. 522041

1. NAME OF DECEASED (Type or Print) EDWARDA M. JONES			2. DATE OF DEATH FEB. 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Carroll		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Windsor		
c. Length of stay in Baltimore 2 weeks			D. STREET ADDRESS (If rural, give location) Main St		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 16, 1925		9. AGE (In years last birthday) 26
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Stanners			14. MOTHER'S MAIDEN NAME Edwards		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Effene E. Jones, New Windsor		

18. 592 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary pneumonia DUE TO (B) acute glomerular nephritis DUE TO (C) —		CAUSE OF DEATH indefinite indefinite
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input checked="" type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH —	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK m.	21F. HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from **Feb. 4, 1952** to **Feb. 16, 1952**, that I last saw the deceased alive on **Feb. 16, 1952**, and that death occurred at **7:35 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE William H. Waugh M. D.	23B. ADDRESS University Hospital	23C. DATE SIGNED Feb. 17, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/19/52	24C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24D. LOCATION (City, town, or county) (State) Greenwood Rural Md		25. FUNERAL DIRECTOR Wm. H. Bailey Co. Inc.
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		ADDRESS New Windsor & Union Bridge 130 Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

101

STANDARD FORM NO. 64



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

524 52 1542

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1542

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Dorsey E Shingleton</i>			2. DATE OF DEATH <i>2-17-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>1</i> Yrs. 1 Days			D. STREET ADDRESS (If rural, give location) <i>1506 W. JAYETTE ST</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>6-10-1913</i>	9. AGE (In years last birthday) <i>38</i>	10. Under 1 Year Months: Days
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PUNCH PRESS</i>			11. BIRTHPLACE (State or foreign country) <i>Romney W. Va</i>		
13. FATHER'S NAME <i>William J. Shingleton</i>			14. MOTHER'S MAIDEN NAME <i>REBECCA -</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>YES</i> (If yes, give year or dates of service) <i>W. W. 2</i>			16. SOCIAL SECURITY NO. <i>X31-26-5039</i>		
17. INFORMANT <i>ETHEL L. SHINGLETON</i>			ADDRESS <i>1506 W. JAYETTE ST</i>		

18. <i>E 812.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) <i>Meningitis, Skull Fracture</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Contusion of Brain</i>	
		(C) <i>Subarachnoid Hemorrhage; Comp. Comm. Fracture of Left Tibia</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>Frederick Road and Monastery Avenue</i>
21D. TIME (Month) (Day) (Year) (Hour) <i>Feb. 9, 1952 6:00 A.m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Fed, Struck by Auto</i>
22. I certify that I took charge of the remains described above, held an <i>Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER M.D. <i>...</i>		23C. DATE SIGNED <i>2-17-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-20-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Romney W. Va</i>	24D. LOCATION (City, town, or county) (State) <i>Romney W. Va</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>W. B. M. Walters</i>		

V S 151

N - 804.2 69024 Pmt x @ Truck No 170c

The following is a list of the names of the persons who have been
 named in the various reports of the Committee on the subject of
 the proposed amendment to the Constitution of the State of New York.
 The names are arranged in alphabetical order, and are given as they
 appear in the reports. The names of the persons who have been
 named in the reports of the Committee on the subject of the proposed
 amendment to the Constitution of the State of New York are given
 in the following list. The names are arranged in alphabetical order,
 and are given as they appear in the reports. The names of the
 persons who have been named in the reports of the Committee on the
 subject of the proposed amendment to the Constitution of the State of
 New York are given in the following list. The names are arranged in
 alphabetical order, and are given as they appear in the reports.



D-100
52 1543BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1543

Registered No.

BIRTH NO. <i>Non Res</i>		1. NAME OF DECEASED (Type or Print) <i>Baby Girl Daff</i>		2. DATE OF DEATH <i>Feb. 15, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Anne Arundel</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Severn Charles St. Md</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5200</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>2-13-52</i>	9. AGE (In years last birthday)	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Md</i>	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Ordy Daff</i>		14. MOTHER'S MAIDEN NAME <i>Vernie E. Haynes</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>776 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i> (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/14</i> 19 <i>52</i> , to <i>2/15</i> 19 <i>52</i> , that I last saw the deceased alive on <i>2/15</i> 19 <i>52</i> , and that death occurred at <i>12:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. R. Summerson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/17/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 18-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross 49 Md. Rd. Pritchard Highway 446 Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Bernard G. Finkle</i>		ADDRESS <i>Slus Summe Md.</i>	

FEB 18 1952

159

THE JOHNS HOPKINS HOSPITAL

G-6292 1544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1544

Registered No.

BIRTH NO.			2. DATE OF DEATH 2-17-52		
1. NAME OF DECEASED (Type or Print) <i>MARION HUNTER GROSS (Mrs Jacob)</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Harford</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>JARRETTSVILLE</i>		
c. Length of stay in Baltimore <i>60</i> Days			D. STREET ADDRESS (If rural, give location) <i>6200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>10-31-182</i>	9. AGE (In years last birthday) <i>69</i>	10. Under 1 Year Months: <i>3</i> Days: <i>16</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>-</i>
13. FATHER'S NAME <i>PETER HUNTER</i>			14. MOTHER'S MAIDEN NAME <i>CLARINDA SMYSER</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Benton H. Gross</i> ADDRESS <i>Bel Air Md</i>		
18. <i>470.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>-</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>-</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-1-52</i> , 19 <i>52</i> , to <i>2-17</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2-17</i> , 19 <i>52</i> , and that death occurred at <i>10:00 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James A. Ford</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>2-17-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 20-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bethel</i>	
24D. LOCATION (City, town, or county) (State) <i>Madonna Md</i>		25. FUNERAL DIRECTOR <i>James E. Ford</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>930 2nd</i>	

RECEIVED
JAN 10 1964

100



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Clark

2. DATE
OF
DEATH

Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1412 N. Milton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1412 North Milton Ave.

c. Length of stay in Baltimore

54 Yrs.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 28, 1882

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Benyo

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard Kimbrough - 1412 N. Milton Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis - generalized?
Hypotension

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 1946 to Feb. 15, 1952, that I last saw the
deceased alive on Feb. 11, 1952, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis F. Kleines

M. D.

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams

John C. Millwood - 2435 E. Oliver Street

N-200 ✓
N-200 ✓

52 1546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

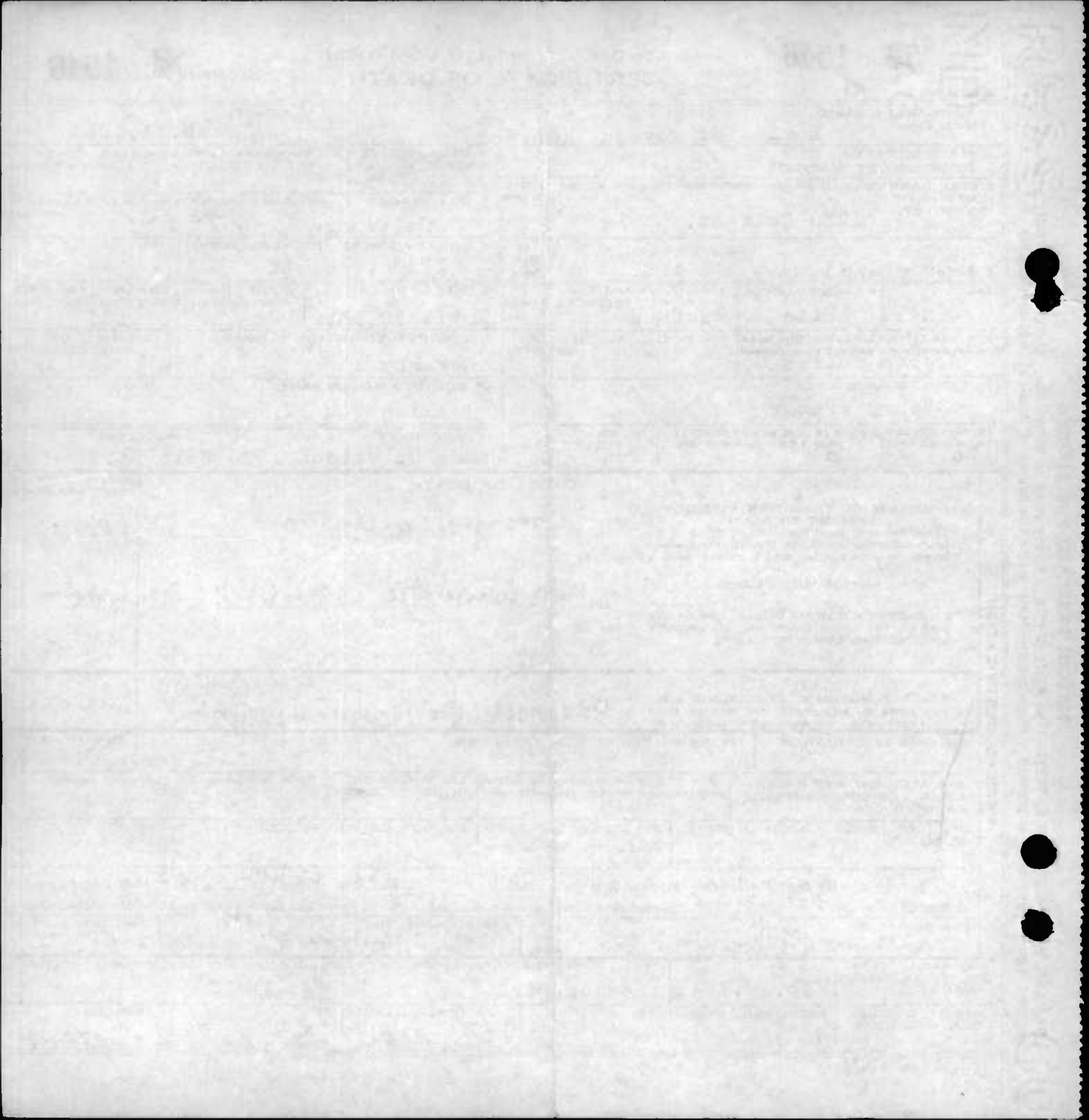
Registered No. 52 1546

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Louisa R. Noveck (Noveck)		2. DATE OF DEATH Feb. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1720 Cole St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04			
C. Length of stay in Baltimore 70 Yrs.		D. STREET ADDRESS (If rural, give location) 1720 Cole St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 29, 1859		9. AGE (In years last birthday) 92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home duties		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Henry Kramer		14. MOTHER'S MAIDEN NAME Elizabeth ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Emma B. Gibson 1720 Cole St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular Dis. DUE TO		(B)		unknown	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Advanced Generalized Hypertrophic		(C)		unknown	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 2 19 52 to Feb 14 19 52 , that I last saw the deceased alive on Feb. 13, 1952 , and that death occurred at 11 AM , from the causes and on the date stated above.					
23A. SIGNATURE Nathan Roenig		23B. ADDRESS 206 S. Gilman St		23C. DATE SIGNED 2-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 18, 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR ADDRESS 1913 W. Balto. St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR ADDRESS 1913 W. Balto. St.	

93c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



D-1252 1547

52 1547

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ruth E De Vaux

2. DATE
OF
DEATH

Feb 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 624 S Rappola

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Sept 3, 1951, to Feb 13, 1952, that I last saw the deceased alive on Feb 17, 1952, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, M.D. 2004 Orleans

VS 150

92D

1981

1981

UNITED STATES DEPARTMENT OF AGRICULTURE

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C. 20250

TO: DIRECTOR, AGRICULTURAL RESEARCH SERVICE
FROM: ASSISTANT SECRETARY FOR AGRICULTURAL RESEARCH
SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

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17. [Illegible]

18. [Illegible]

19. [Illegible]

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61. [Illegible]

62. [Illegible]

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66. [Illegible]

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90. [Illegible]

91. [Illegible]

92. [Illegible]

93. [Illegible]

94. [Illegible]

95. [Illegible]

96. [Illegible]

97. [Illegible]

98. [Illegible]

99. [Illegible]

100. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOENES, Henry EDWARD

2. DATE
OF
DEATH

2/15/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5106 Windsor Mill Road.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 30 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Gen. Supt. Markets-Balto. City

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Albert F. Hoenes

14. MOTHER'S MAIDEN NAME

Margaret Schneider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace L. Hoenes 5106 Windsor Mill Rd.

18.

420.11
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Anterior C. V. D. (Coronary) thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Atherosclerosis, int. lobe
Hypertension C. V. D.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27/52, 19 to 2/15/52, 19, that I last saw the
deceased alive on 2/14, 19 52, and that death occurred at 2:43 AM, from the causes and on the date stated above.

23A. SIGNATURE

Gualdo Berrin

23B. ADDRESS

Lorinda St.

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-18-1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Woodlawn,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

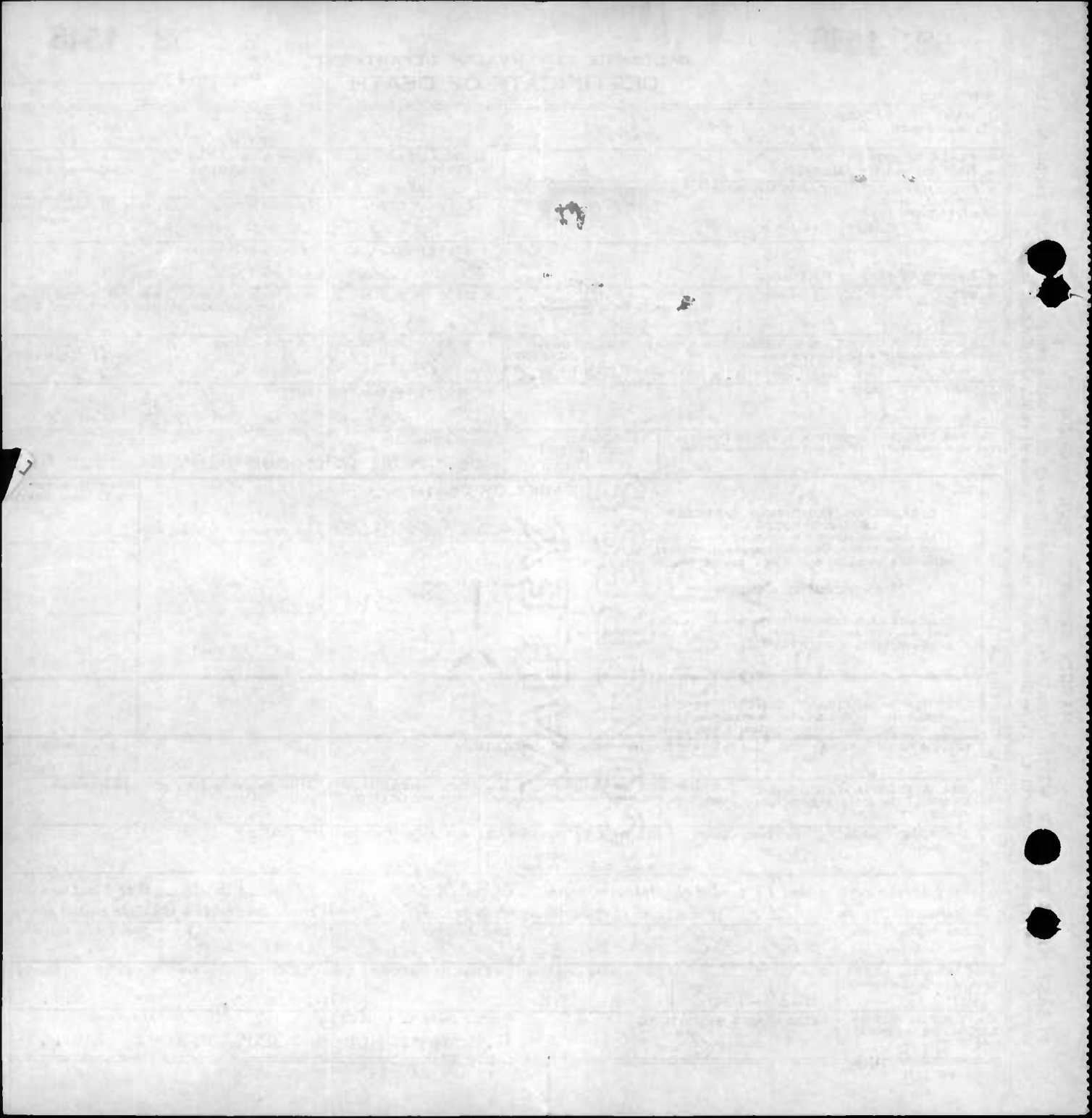
G. Howard Strong 3207 W. North Ave.,

ADDRESS

VS 150

29093

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1549
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE F.C. LOUIS

2. DATE
OF
DEATH

Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1903 Cecil Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1903 Cecil Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 4, 1875

9. AGE (In years last birthday)

77

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mail clerk - retired

10B. KIND OF BUSINESS OR INDUSTRY

Railway

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

USA

13. FATHER'S NAME

Frederick Louis

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-18-3932

17. INFORMANT ADDRESS

1903 Cecil Avenue
Mrs. Mary E. Louis

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic C-V disease

3 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1946 to Feb. 14, 1952 that I last saw the deceased alive on Feb. 13, 1952. and that death occurred at 11:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. Brenner

M. D.

23B. ADDRESS

1520 E. 33rd St

23C. DATE SIGNED

2. 14. 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

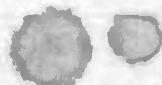
ADDRESS

BALTO. 13, MD.

SEP 1

THE STATE OF NEW YORK
IN SENATE
JANUARY 1, 1901

1901



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche M. Engle

2. DATE
OF
DEATH

February 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

626 East 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

626 East 31st Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 11, 1859

9. AGE (In years
last birthday)

93

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Harford County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Scarff

14. MOTHER'S MAIDEN NAME

Jane L. Mordew

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John B. Engle, Phoenix, Maryland

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Intestinal obstruction -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-1952 to 2-15-1952, that I last saw the
deceased alive on 2/14/1952 and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL - CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Goodwill Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

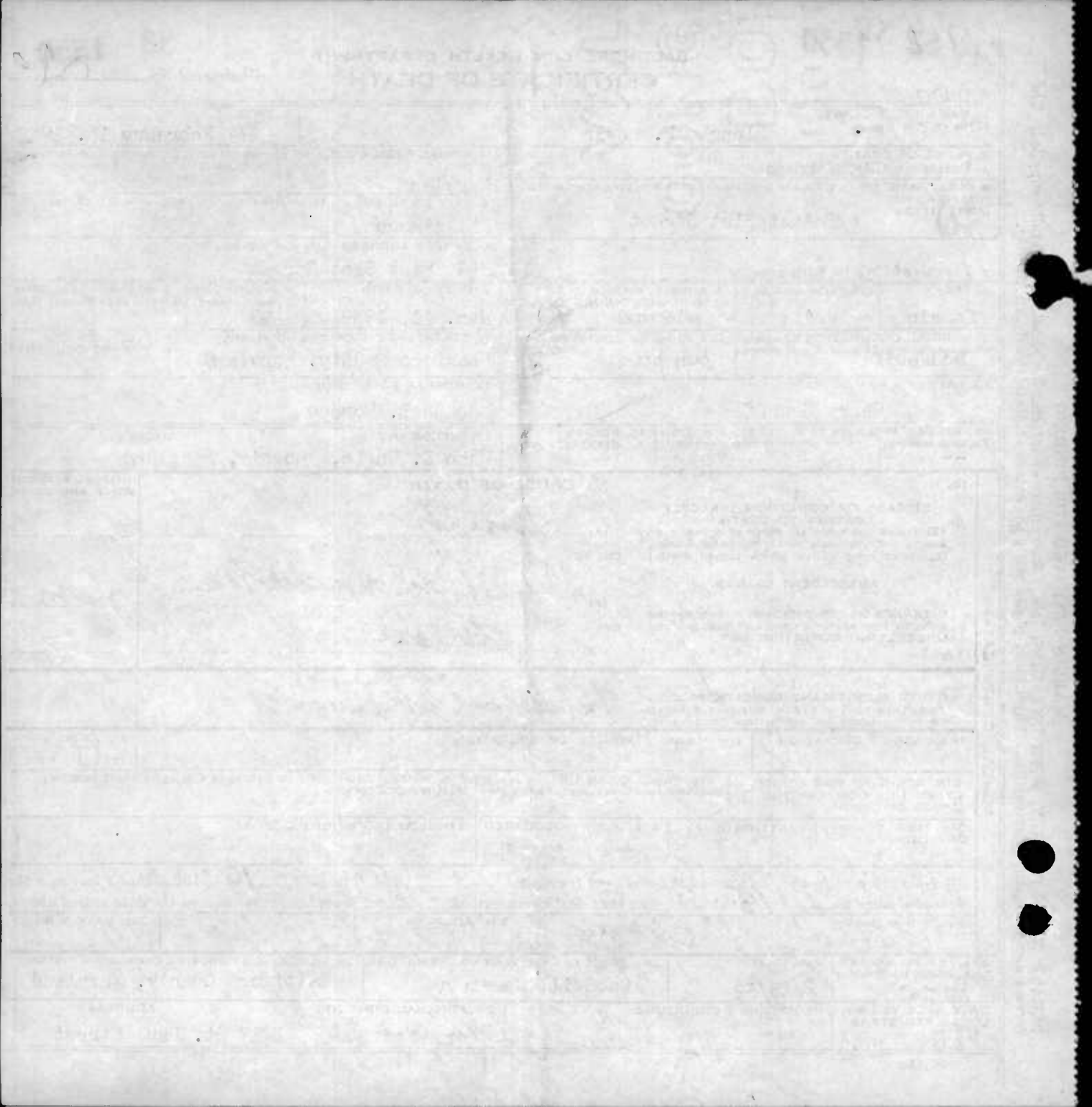
ADDRESS

FEB 18 1952

Huntington Williams, Jr.

Wm. Cook, Inc.

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1551

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Mary E. Miles*2. DATE
OF
DEATH*2/15/52 4 a.m.*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*619 McCabe Ave*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

c. Length of stay in Baltimore

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

619 McCabe Ave

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*1/23/1865*9. AGE (In years;
last birthday)*87*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*Own House*

11. BIRTHPLACE (State or foreign country)

*Balto. Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Tolly

14. MOTHER'S MAIDEN NAME

*Mary Mays*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Lettwell 619 McCabe Ave

18.

420.01
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

*Arteriosclerotic Heart disease*INTERVAL BETWEEN
ONSET AND DEATH*15 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) DUE TO

*Generalized arteriosclerosis**15 yrs*

(B) DUE TO

*Sensibility**15 yrs*

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*None*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH*None*21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)*None*21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY*None*

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

*None*22. I hereby certify that I attended the deceased from *June*, 1932, to *February 15, 1952*, that I last saw the deceased alive on *February 1, 1952*, and that death occurred at *4 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

A. J. Chaffin

23B. ADDRESS

6810 York Road

23C. DATE SIGNED

*February 16, 1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Trinitas M. E. Church

24D. LOCATION (City, town, or county) (State)

 *Cockeysville Md.*DATE RECEIVED BY
LOCAL REGISTRAR*FEB 18 1952*

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Cook Inc.

ADDRESS

1217 St. Paul St.

CONFESS

WITNEY

CERTIFICATE CORRECTED 2-28-52

52 1552

ND-156546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Cavanaugh

2. DATE
OF
DEATH

Feb. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals (location)

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1246 Washington Blvd. (23)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 10, 1892

9. AGE (In years

last birthday)

69 59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bar Tender

10B. KIND OF BUSINESS OR
INDUSTRY

Millers Tavern

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Cavanaugh

14. MOTHER'S MAIDEN NAME

Mary Hanrahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular accident

DUE TO

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12, 1952, to 2-16, 1952 that I last saw the
deceased alive on 2-16, 1952, and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J.S. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

(State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J.M. Galt, Inc.

ADDRESS

1217 St. Paul Street

FEB 18 1952

VS 150

750 6M

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1553

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IGNATIUS

PULLARI

2. DATE
OF
DEATH

February 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside incorporated limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3615 Brehms Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 14, 1887

9. AGE (In years last birthday)

64

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR INDUSTRY

Own Business

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Vincent M. Pullara

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Charles Pullara, 3615 Brehms Lane

18.

E981X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot wound of abdomen

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Store

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1301 N. Bond Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 15, 1952 7:30 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William J. [Signature]

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 16, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. [Signature]

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 151

2906A

166

1554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1554
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN GREENBERG

2. DATE
OF
DEATH

2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3544 Roland Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-06

D. STREET ADDRESS (If rural, give location)

3544 Roland Ave

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Ada Greenberg-

ADDRESS

Same

18.

47011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

15 min.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16-1952, to 2-16-1952, that I last saw the
deceased alive on 2-16-1952 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Neuman Hoffman

M. D.

23B. ADDRESS

846 W. 36 St

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/1952

24C. NAME OF CEMETERY OR CREMATORY

Southern Ave

24D. LOCATION (City, town, or county)

Baltimore

(State)

Mary

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams

2100 Eutaw Pl

VS 150

1554

47074

94a

Admiral
846 W 36 St
No 3690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BRETALL, BESSIE

2. DATE
OF
DEATH

2/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)UNIVERSITY HOSPITAL
LAWRENCE FLANNERY

C. Length of stay in Baltimore

LIFE

5. SEX

FEM

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 12, 1883

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOME

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN HUGH

14. MOTHER'S MAIDEN NAME

SOPHIE PINOT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

N.

17. INFORMANT

ADDRESS

ROSE WEIGENBORN 2805 FREESTMAN ST.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARDIAC FAILURE

DUE TO

10 YR.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSION - C.V.D.

DUE TO

(C) ARTERIO SCLEROSIS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mild Pyelonephritis - Deobstructed

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1952, to 2/17, 1952, that I last saw the deceased alive on 2-17-52, 19, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Remick, M.D.

23B. ADDRESS

Henn. Hospital

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/20/52

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

BROOKLYN MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

S.T. STANSBURY 2700 Edmondson av

1952

RECEIVED - DEPARTMENT OF THE ARMY

WASHINGTON, D. C.

1952



RECEIVED - DEPARTMENT OF THE ARMY



1556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1556

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*FLORENCE R. EVERINGHIM*2. DATE
OF
DEATH*2-17-52*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

a. STATE

b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*Wheeler Nursing Home 1700 Park Ave.*

c. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write R.U.T.L. and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

2518 TALBOT RD.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

AUG-19-1876

9. AGE (In years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

ANNAPOLIS MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

RICHARD R. WICKS

14. MOTHER'S MAIDEN NAME

ROSENE WEYMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*NO**NO*

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

ADDRESS

*BENJAMIN EVERINGHIM 2508 TALBOT AVE.*18. *470.01*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*11 mo.*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/15*, 19*52* to *2/17*, 19*52* that I last saw the deceased alive on *2/16*, 19*52*, and that death occurred at *9:30* a.m., from the causes and on the date stated above.

23a. SIGNATURE

Robert A. Reiter

23b. ADDRESS

3408 Windsor Ave.

23c. DATE SIGNED

2/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

24b. DATE

2/18/52

24c. NAME OF CEMETERY OR CREMATORY

LODGEON PK.

24d. LOCATION (City, town, or county)

BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J.T. Stansbury 2700 Edmondson Ave.

FEB 18 1952

937

SECOND

CONCERN

1/18/58

1/18/58

1/18/58

1/18/58

1/18/58

1/18/58

1/18/58

1/18/58

1/18/58

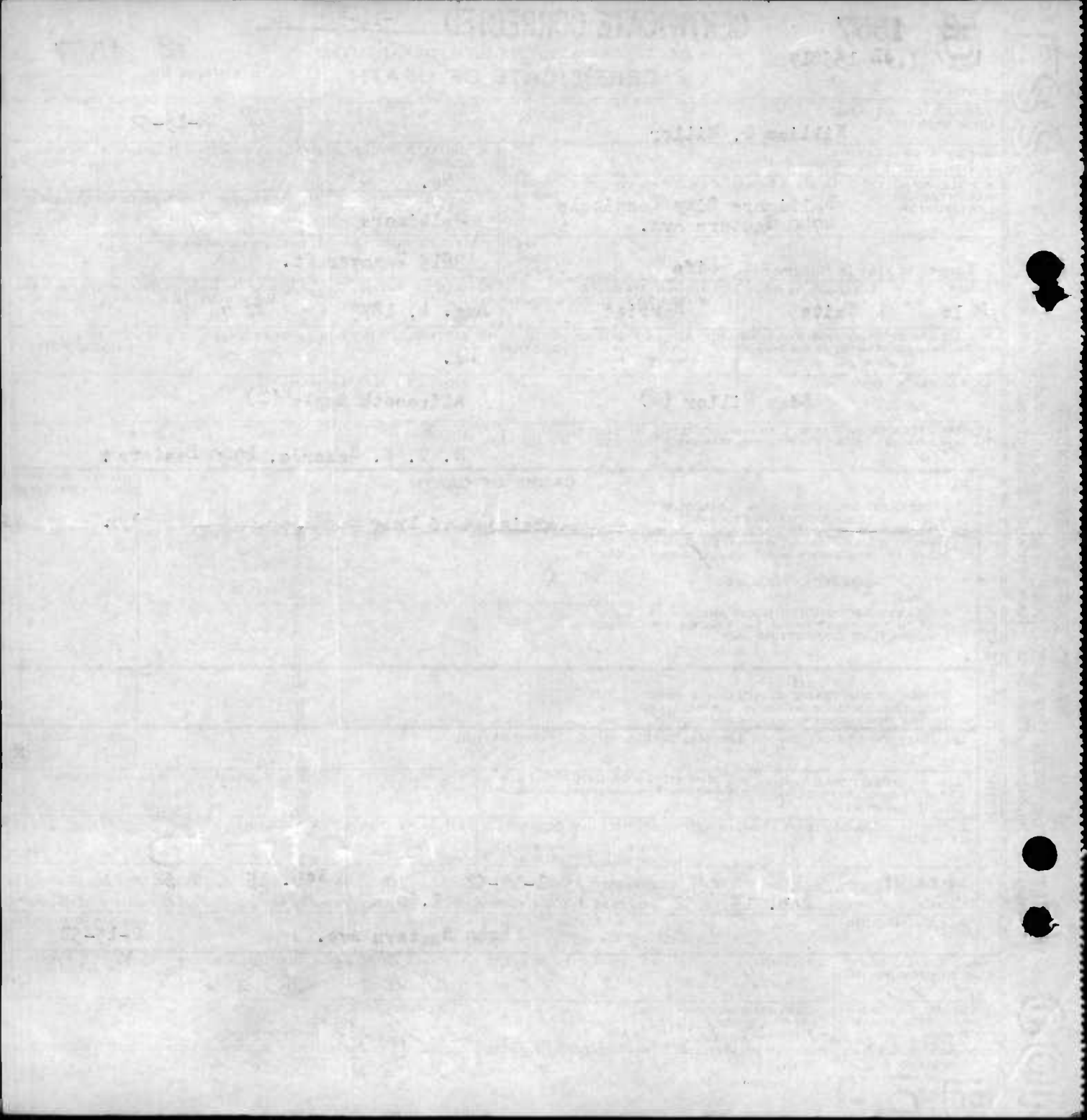
1/18/58

1/18/58

1/18/58

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1557 460 JR 155819		CERTIFICATE CORRECTED 3-11-52		52 1557	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) William G. Miller			2. DATE OF DEATH 2-15-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3615 Hanover St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1873	9. AGE (in years last birthday) 77 78	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARP.			10B. KIND OF BUSINESS OR INDUSTRY Self.		
11. BIRTHPLACE (State or foreign country) Ma.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Adam Miller (D)			14. MOTHER'S MAIDEN NAME Alizabeth Apple (D)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. Records, 4940 Eastern			ADDRESS		
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II 19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-19-52 , 19__, to Feb. 15 , 19 52 that I last saw the deceased alive on Feb. 15, 1952 , and that death occurred at 2.30pm. , from the causes and on the date stated above.					
23A. SIGNATURE R.S. Rogers M. D.			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 2-15-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 2-18-52	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) BALTO	
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 130 E. FORT AVE. ADDRESS	



M 4132 1558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1558

Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Evelyn Laura Malpass</i>			2. DATE OF DEATH <i>Feb. 15-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3201 Beverly Road</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>					
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>5404 Plainfield Ave</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 16-1906</i>		9. AGE (in years last birthday) <i>45</i>		10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>George Mc Fadden</i>			14. MOTHER'S MAIDEN NAME <i>Elnora Cook</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mr Herbert Malpass - Plainfield</i>		
18. <i>443 X 1</i>			19. <i>5404</i>			20. ADDRESS		

18. <i>443 X 1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Acute Cordic Dilatation</i>			
DUE TO					
ANTECEDENT CAUSES		(B) <i>Hypertensive Cordis-Vascular Disease</i>			
DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>April 7, 1951</i> , to <i>Feb. 15, 1952</i> , that I last saw the deceased alive on <i>Feb. 15, 1952</i> , and that death occurred at <i>12:40</i> am., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. H. Thompson</i>		23B. ADDRESS M. D. <i>2529 Eastern Ave.</i>		23C. DATE SIGNED <i>2-15-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>2-18-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt Md.</i>		25. FUNERAL DIRECTOR <i>J. J. Luck</i>		ADDRESS <i>5305 Hayford Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Kunkowski.
3201 Beverly Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

624
52 1559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1559
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Croswell, George Henry</u>		2. DATE OF DEATH <u>February 15, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>9-07</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18</u> D. STREET ADDRESS (If rural, give location) <u>1641 Abbotston Street</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> Yrs. _____ Mos. _____ Days _____		c. Length of stay in Baltimore			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	B. DATE OF BIRTH <u>Mar. 22-1893</u>		9. AGE (In years last birthday) <u>58</u> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Balto. Life Ins.Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore - Md.</u>	
13. FATHER'S NAME <u>Isaac Croswell</u>		14. MOTHER'S MAIDEN NAME <u>?</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>215-01-1662</u>		17. INFORMANT ADDRESS <u>Mrs. Margaret Croswell - same</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute myocardial infarction</u> DUE TO (A) _____ (B) <u>Coronary artery occlusion</u> (C) <u>Coronary artery sclerosis</u> DUE TO (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. _____ WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February 15, 1952</u> to <u>February 15, 1952</u> that I last saw the deceased alive on <u>Feb. 15, 1952</u> and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E. P. Offay, Jr.</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>2-15-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-18-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>		25. FUNERAL DIRECTOR <u>L. J. Ryck</u>		ADDRESS <u>5305 Wayford Rd.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 18 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		VS 150 <u>390 73</u>	

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1560
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John Vito

2. DATE
OF
DEATH

Feb. 13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2905 Alvarado Square

C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give township)

Baltimore 27-07

D. STREET ADDRESS (If rural, give location)

2905 Alvarado Square

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 5-1873

9. AGE (In years last birthday)

78

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Pipe Moulder

10B. KIND OF BUSINESS OR INDUSTRY

Italy

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

same

13. FATHER'S NAME

Joseph Vito

14. MOTHER'S MAIDEN NAME

Catherine De Stefano

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

212-16-4458

17. INFORMANT

Mr. Vincent Vito - same

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Carcinoma, lung*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis B.V. Disease*

DUE TO

(C) _____

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

at home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

at home

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 13, 1952

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

fall

22. I hereby certify that I attended the deceased from *Sept. 7, 1951*, to *Feb. 13, 1952*, that I last saw the deceased alive on *Feb. 13, 1952*, and that death occurred at *11:20 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Nathan Janney

M. D.

23B. ADDRESS

7101 Harford Rd.

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balti Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Wallick, M.D.

25. FUNERAL DIRECTOR

5305 Harford Rd

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0001 32

0000-04-05

CONFIDENTIAL
VALLEY

Dr. J. J. J. J. J.
4/10/11

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1561**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY CATHERINE RUDELL

2. DATE OF DEATH
Feb. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2414 E. Monument St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore **life**Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
2414 E. Monument St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Dec. 27, 1866

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Casper Behr

14. MOTHER'S MAIDEN NAME

Suzanna Fuerheilig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Agnes Boan, dght, above

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 11**, 19**52**, to **Feb. 16**, 19**52**, that I last saw the deceased alive on **Feb. 16**, 19**52**, and that death occurred at **4:15 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd., Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, M.D.

Schimmunek Funeral Home, Inc.
2601-3-5 E. Madison St.

VS 150

93D

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RECEIVED

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V-420
52 1562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1562
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH
MAMIE A. VALIS		FEB 15-52
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-3		
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 7-03		
D. STREET ADDRESS (If rural, give location) 2327 McELDERRY ST.		
c. Length of stay in Baltimore life		
5. SEX FEMALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Booker		14. MOTHER'S MAIDEN NAME Myers
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 42011 CAUSE OF DEATH A) Hypertension & atherosclerosis B) Cardiovascular disease C) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH unknown 10 days	19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II
--	---

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-5-1952 to 2-15-1952, that I last saw the deceased alive on 2-15-1952, and that death occurred at 7:00 p. m., from the causes and on the date stated above.				
23A. SIGNATURE John H. H. H. H.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED Feb 15-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 19, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto, Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		

939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE JOHNS HOPKINS HOSPITAL

5-12-52 1563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1563

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMANUEL SEVCIK

2. DATE OF DEATH
Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2616 E. Monument St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2616 E. Monument St.

c. Length of stay in Baltimore

67 years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

1868

9. AGE (in years

last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired - tailor

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Naval Academy

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary L. Wilkins, dght. above

18.

450.1.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Isaacs-Jones left leg

2 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerosis generalized

(C) DUE TO

Hypertrophic Osteitis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1936 to Feb 15, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Horner's Lane, Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

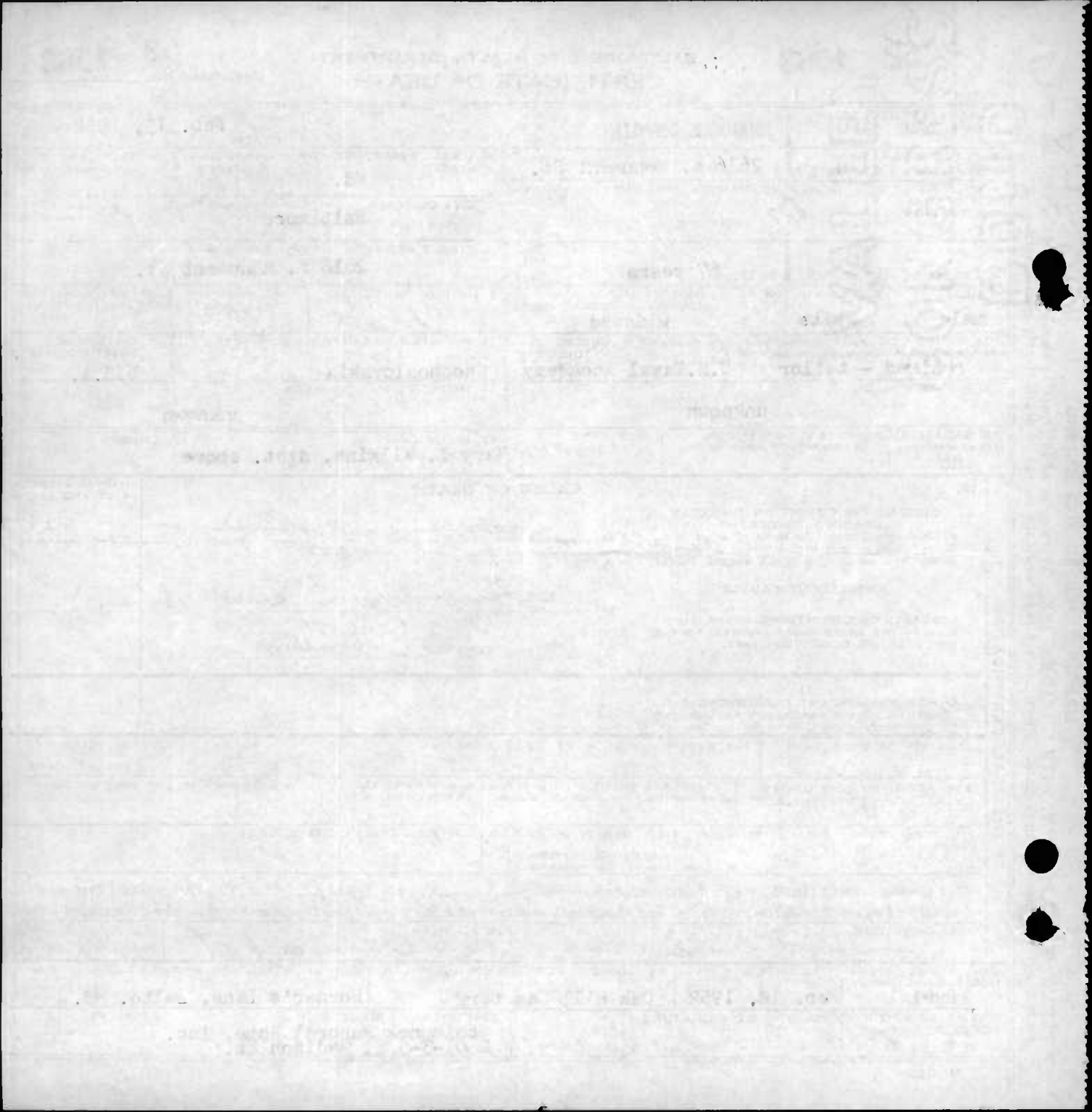
VS 150

5912

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1564

BIRTH NO. 1564

1. NAME OF DECEASED
(Type or Print)

John OTROSINA

2. DATE
OF
DEATH

2-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

44 Union Memorial Hosp

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2814 Suffolk Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 18, 1884

9. AGE (in years
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CZECHOSLOVAKIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John OTROSINA

14. MOTHER'S MAIDEN NAME

Julia Firman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

218-10-4163

17. INFORMANT

PT JOHN OTROSINA
2814 Suffolk Ave

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

2 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-1952, to 2-12-1952, that I last saw the deceased alive on 2-12-1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb-18-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

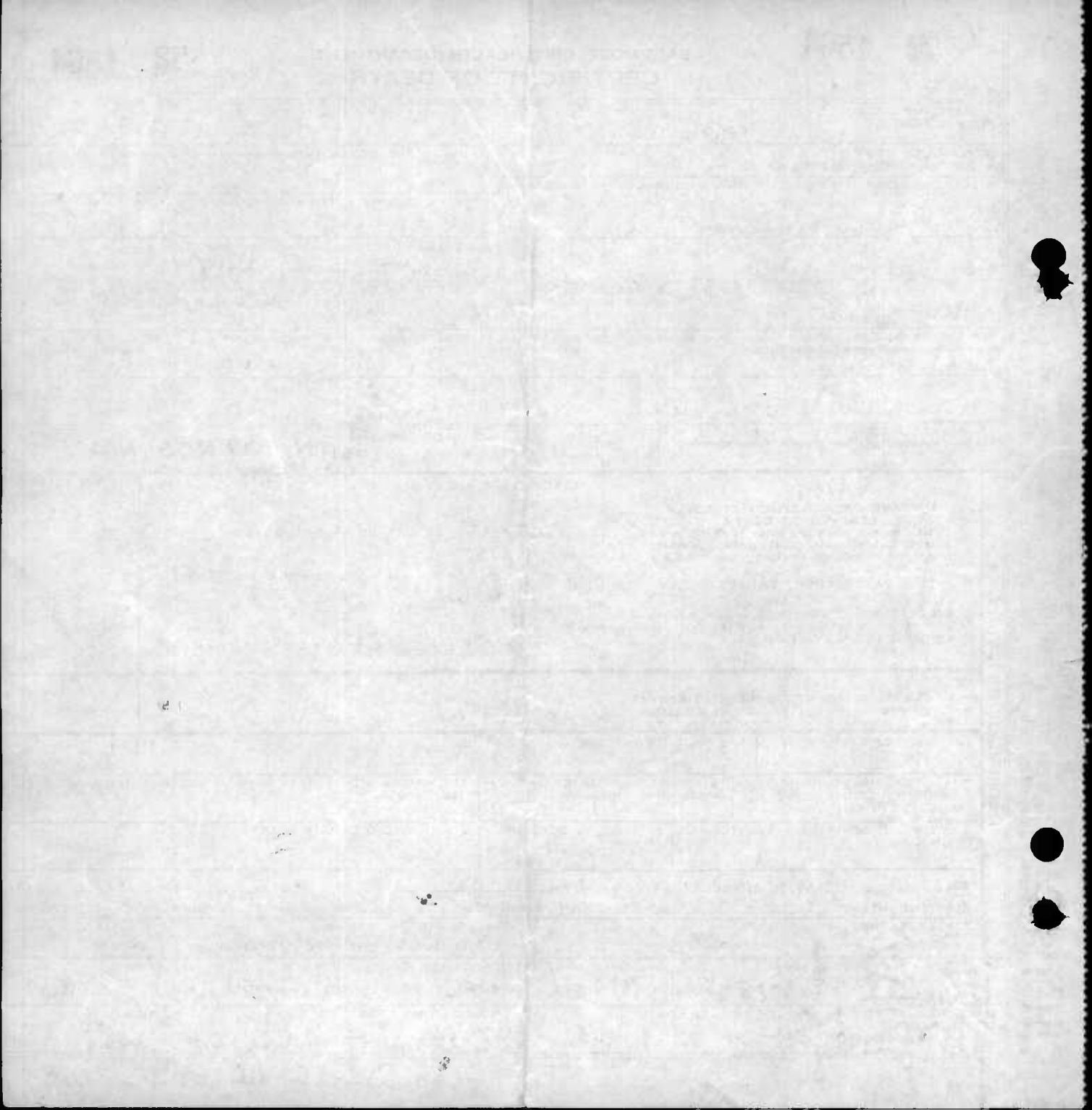
25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, M.D.

G. E. Smith Armacost 93D



P-492 1565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1565

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Powell

2. DATE
OF
DEATH

Feb 7/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

801 Buren St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Balto City Jail

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md

D. STREET ADDRESS (If rural, give location)

L-02

c. Length of stay in Baltimore

Safe

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 18-52

9. AGE (In years last birthday)

57

If Under 1 Year

Months

If Under 24 Hours

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John T. Powell

14. MOTHER'S MAIDEN NAME

Mary N. Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

V.A. Office Fayette St Paul

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

C.V.A.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive cardio vascular disease.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Alcoholism

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/23, 1952 to 2/7, 1952, that I last saw the deceased alive on 2/7, 1952 and that death occurred at 6:10 AM, the causes and on the date stated above.

23A. SIGNATURE

J.N. MacMurphy M.D.

23B. ADDRESS

801 Buren St

23C. DATE SIGNED

2/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18-52

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Eyesublet Ammiscook 937

5600 Liberty Heights Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1566
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Homer Dutrow

2. DATE
OF
DEATH 2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4626 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

4626 Park Heights Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Balto. Md.

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore Five years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-10-97

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman Sprinkler Co. Auto. Sprinkler

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Henry Dutrow

CO. (M)

14. MOTHER'S MAIDEN NAME

Florence Lee Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

164-05-4598

17. INFORMANT

Ethel Lillian Dutrow

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH 4626 Park Heights Ave.

(A) Bronchial Pneumonia
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) General Carcinomates
DUE TO

4 1/2 mo.

(C) Carcinoma of left lungII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept. 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of lung

20. AUTOPSY?

YES ☐ NO ☐21. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office, etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Feb. 16, 1952, that I last saw the deceased alive on Feb. 15, 1952, and that death occurred at 8 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. P. Keyser

M. D.

23B. ADDRESS

Westwood Arms Cpty.

23C. DATE SIGNED

Feb. 18-1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-19-52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ellsworth Armacost

ADDRESS

VS 150

52339 4600 Liberty Heights Ave.

47D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1948

1948

10-10-48

only home address

4000 East Baltimore Ave.

4000 East Baltimore Ave.

Baltimore, Md.

Five years

54

9-10-47

limited

white

male

Foreign-born Co. A. Co. Baltimore, Md.

CO.

Florence Lee Sullivan

David Henry Heston

10-07-1958 Annual Census Bureau

NO

4000 East Baltimore Ave.

Baltimore, Md.

Lorraine

2-13-45

female

Alfreda L. Heston

4000 East Baltimore Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1567

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie J. League

2. DATE
OF
DEATH

2/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

60 Pine Ridge Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1706 Glen Keith Blvd. 5200

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore Co

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm Fowler

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr Wm Tyson League 1706 Glen Keith Blvd.

18.

450.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized arteriosclerosis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Feb. 12, 1952 that I last saw the
deceased alive on Feb. 16, 1952, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold A. Gantt

M. D.

23B. ADDRESS

8100 Harford Rd.

23C. DATE SIGNED

2/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/52

24C. NAME OF CEMETERY OR CREMATORY

Ebenezer Mth Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, 112 Lassarh Funeral Home 7401 Balan Rd.

Dr. Grott

8100. Harford Rd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1568

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEPHEN MAYNE

2. DATE
OF
DEATH

2-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONUNIVERSITY
HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

611 KINGSTON ROAD #12

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

APRIL 18, 1947

9. AGE (In years
last birthday)

4 1/2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES MAYNE

14. MOTHER'S MAIDEN NAME

MARIAN ZOLLINGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

CHARLES V. MAYNE

ADDRESS

SAME

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

PNEUMOTHORAX; MEDIASTINAL
SHIFT; REFLEX CARDIAC
ARRESTINTERVAL BETWEEN
ONSET AND DEATH

20 HRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

COSTO STERNOPLASTY

DUE TO

(C)

PECTUS EXCAVATUM

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-14-52

19B. MAJOR FINDINGS OF OPERATION

PECTUS EXCAVATUM

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1952 to 2-15, 1952 that I last saw the
deceased alive on 2-15, 1952, and that death occurred at 10:5A m., from the causes and on the date stated above.

23A. SIGNATURE

George M. Dunn

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-15-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

ENTOMBMENT

24B. DATE

2-18-1952

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL

24D. LOCATION (City, town, or county)

BALTO Co.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 York Rd

ADDRESS

FEB 18 1952
VS 150

1067424

157M

25-108

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF VETERANS AFFAIRS

100-108

100-108

100-108



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1569

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANTHONY CHIRIGOS

2. DATE
OF
DEATH

2-15-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 ST. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 26-01

D. STREET ADDRESS (If rural, give location)

625 S. Oldham St.

C. Length of stay in Baltimore

33 years

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED, (Specify)

married

8. DATE OF BIRTH

3-15-

9. AGE (In years

last birthday)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Painter

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

Greece

13. FATHER'S NAME

John Chirigos

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mike Chirigos 625 S. Oldham

18.

193 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Post Operative Hemorrhage 2 d
Removal of Glioma

(B)

DUE TO

Pneumonitis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

2/13/52

19B. MAJOR FINDINGS OF OPERATION

Glioma - Post temporal

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1952, to 2/15, 1954, that I last saw the deceased alive on 2/15, 1952, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. King

23B. ADDRESS

ST Agnes Hosp

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams & Co. Funeral Home Inc

VS 150

56424 43840 E. North ave. 54a

CHL 5

RECEIVED

CHL 5



S-5242 1570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1570

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jane Singleton

2. DATE
OF
DEATH

Feb 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1519 N. Dallas St

D. STREET ADDRESS (If rural, give location)

1519 N. Dallas St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 11, 1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Merna Todd 1524 N. Dallas St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mos

6 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-52 to 2/15-52, 1952, that I last saw the
deceased alive on 2-15-52, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. R. Blake

23B. ADDRESS

1603 N. Caroline

23C. DATE SIGNED

2-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

A A County Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. P. S. 815

ADDRESS

1129 N. Caroline St.

FEB 18 1952

VS 150

93

1770

1770

[Faint, illegible handwriting]

VALLEY
CONGRESS
BOND
100000
1770

[Faint, illegible handwriting]

M 552 52 1571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Watts

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1571

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>David A. Manning</i>			2. DATE OF DEATH <i>Feb. 16, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <i>Maryland</i> b. COUNTY					
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1108 Mosher St.</i>			c. CITY OR TOWN <i>Baltimore</i>			d. STREET ADDRESS (If rural, give location) <i>1108 Mosher St.</i>		
c. Length of stay in Baltimore <i>30 years</i>			5. SEX <i>Male</i>			6. COLOR OR RACE <i>Colored</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>			8. DATE OF BIRTH <i>Feb. 23, 1862</i>			9. AGE (In years last birthday) <i>39</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Forster</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Shaleale Creek</i>			11. BIRTHPLACE (State or foreign country) <i>Hamlet, S.C.</i>		
13. FATHER'S NAME <i>Jefferies</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mrs. Mattie Manning</i>		

18. <i>334X1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemiplegia</i>			CAUSE OF DEATH (A) <i>Hemiplegia</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>28 days</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertension</i>			(B) <i>Hypertension</i> DUE TO			?		
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 23, 1952</i> to <i>Feb 16, 1952</i> , that I last saw the deceased alive on <i>Jan 16, 1952</i> , and that death occurred at <i>10:30 a.m.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>W. H. Watts</i>			23b. ADDRESS <i>514 W. 1st St.</i>			23c. DATE SIGNED <i>2/16/52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24b. DATE <i>Feb. 19, 1952</i>			24c. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk. Balto. Co. Md.</i>		
24d. LOCATION (City, town or county) (State) <i>Baltimore, Md.</i>			25. FUNERAL DIRECTOR <i>W. H. Watts</i>			25b. ADDRESS <i>1637 Druid Hill Ave.</i>		

VS 150

78063

831

MARGIN RESERVED FOR BINDING

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1572

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hannah Frances Gardner

2. DATE
OF
DEATH

Feb. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1819 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-01

D. STREET ADDRESS (If rural, give location)

1819 Edmondson Ave.

C. Length of stay in Baltimore

5 months

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 28, 1891

9. AGE (In years last birthday)

60

10. Under 1 Year

11. Under 24 Hours

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Va. Virginia

14. MOTHER'S MAIDEN NAME

Lucy?

13. FATHER'S NAME

William H. Berry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Alta C. Summerville

ADDRESS 1819 Edmondson Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Carcinoma of Uterus

INTERVAL BETWEEN ONSET AND DEATH

18 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1951, to 2-16, 1952, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones

M. D.

23B. ADDRESS

534 Dolphin St

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Rising Valley

24D. LOCATION (City, town, or county)

Gloucester Co., Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

15. FUNERAL DIRECTOR

1634 Druid Hill Ave

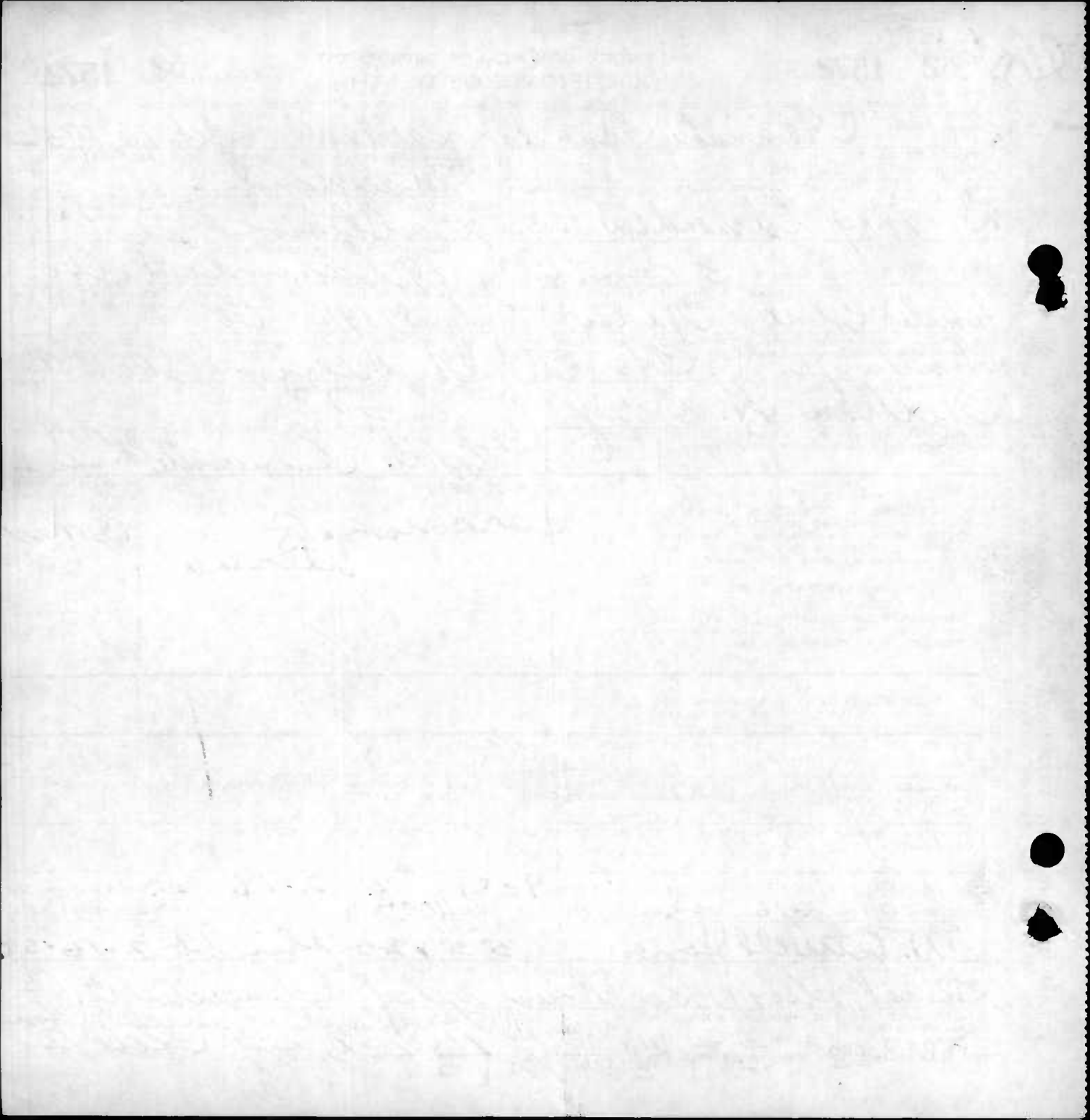
ADDRESS

1634 Druid Hill Ave

FEB 18 1952

VS 150

4813



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Thomas Gilliard*2. DATE
OF
DEATH*2-14-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

931 Leadenhall Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write R.U.M.L. and give township)

D. STREET ADDRESS (If rural, give location)

931 Leadenhall Street

C. Length of stay in Baltimore

22 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-11-1909

9. AGE (In years, last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Blendedale S.C. Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Jack Gilliard

14. MOTHER'S MAIDEN NAME

Fillie Russ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Betha Gilliard 931 Leadenhall Street*18. *330X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Rupture of congenital aneurysm of arterial circle of Willis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *2/4/52*, 19*52*, to *2/14*, 19*52*, that I last saw the deceased alive on *2/14*, 19*52*, and that death occurred at *2 Noon* from the causes and on the date stated above.

23A. SIGNATURE

D. Shorofsky M.D.

M. D.

23B. ADDRESS

601 N. Monroe St

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/18/1952

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore City Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Lively

ADDRESS

661 W. Bane St

FEB 18 1952

VS 150

77096

96



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1574**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emory Cole

2. DATE
OF
DEATH

Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

If outside corporate limits, write RURAL and give township

D. STREET ADDRESS (if rural, give location)

432 Oxford Court

B. FULL NAME OF HOSPITAL OR INSTITUTION

33 **JOHNS HOPKINS HOSPITAL**

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male

Colored

8. DATE OF BIRTH

12-6-05

9. AGE (In years last birthday)

46

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

Wilson Funeral

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles Cole

14. MOTHER'S MAIDEN NAME

Ida Ridgway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. *445-X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Malignant Hypertension 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/11/1952*, to *2/15/1952*, that I last saw the deceased alive on *2/15/1952* and that death occurred at *5 PM*, from the causes and on the date stated above.

23A. SIGNATURE

W. S. Langford

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-18-1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

FUNERAL DIRECTOR'S SIGNATURE

Charles Wilson

ADDRESS

1000 Bland St

VS 150

682 FF

102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE JONES HOPKINS HOSPITAL

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED		DATE OF BIRTH		PLACE OF BIRTH	
SEX		AGE		OCCUPATION	
MARRIED		SINGLE		WIDOW	
EDUCATION		RELIGION		RACE	
COLOR		HEIGHT		WEIGHT	
EYES		HAIR		SKIN	
BUILD		COMPLEXION		TENDENCY TO DISEASE	
PREVIOUS ILLNESS		CAUSE OF DEATH		MANNER OF DEATH	
PLACE OF DEATH		DATE OF DEATH		TIME OF DEATH	
SIGNATURE OF REGISTRAR		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
OFFICE OF THE REGISTRAR		OFFICE OF THE DECEASED		OFFICE OF THE WITNESSES	

PLEASE WRITE IN PLAIN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert

McClintock

2. DATE
OF
DEATHFebruary 15
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Pine crest Sanatorium

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 5, 1869

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George McClintock

14. MOTHER'S MAIDEN NAME

Jane Kyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS Md.

Mrs. G. Marshall Jones - Box 788, Annapolis

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic Myocarditis and
DUE TO MYOCARDIAL Degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart
DUE TO
(C) Generalized ArteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from October 28, 1951, to February 15, 1952 that I last saw the
deceased alive on February 14, 1952, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Bonden

M. D.

23B. ADDRESS

5000 Old Frederick Rd

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

2/18/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Evan J. Tickers & Sons

ADDRESS

937 Balto 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Mamie Hahn

2. DATE
OF
DEATH

2-16-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3803 Egerton Rd.

c. Length of stay in Baltimore

78

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 27, 1873

9. AGE (In years

78 yrs

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

Miller

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Robert Hahn - 3803 Egerton Rd.

18.

561.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Embolus

Mesenteric Thrombosis

Strangulated inguinal hernia

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

2/11/52

19B. MAJOR FINDINGS OF OPERATION

Strangulated inguinal hernia

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/52, 1952, to 2/16, 1952, that I last saw the deceased alive on 2/16, 1952 and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen H. Padua

M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2/16/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

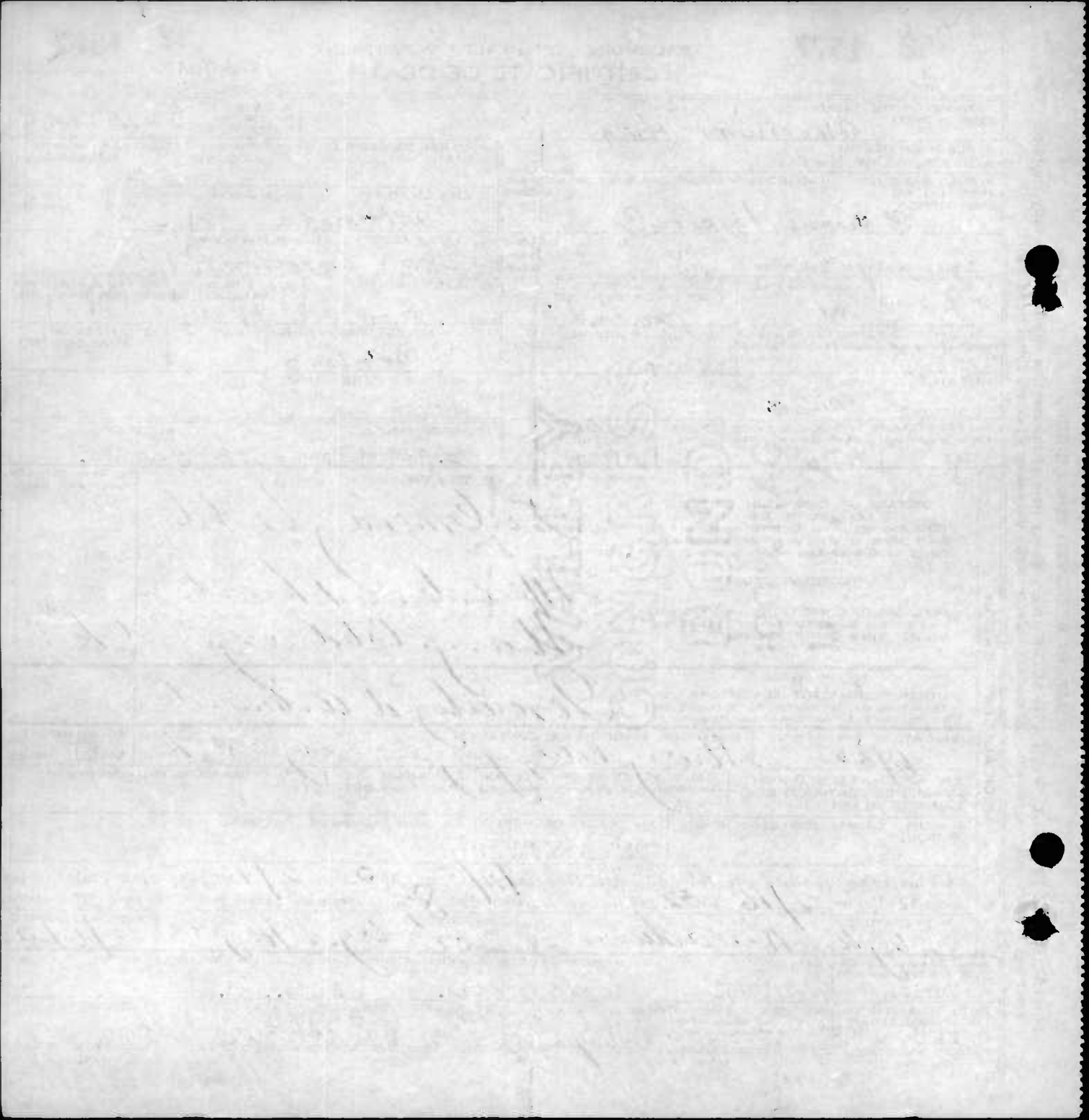
Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Sickner & Sons

ADDRESS

Balto 17, Md



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

OSCAR KOthe

2. DATE
OF
DEATH Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

217 E. 21st St.

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

217 E. 21st St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED;
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 23, 1891

9. AGE (in years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR
INDUSTRY

Ice Cream

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William C. Kothe

14. MOTHER'S MAIDEN NAME

Anna Lambrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
219-05-7423

17. INFORMANT

ADDRESS

Mrs. Elizabeth Kothe - 217 E. 21st St.

18. 420, 1 and 163 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

none

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerotic CV Disease

5 years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma, right lung

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Feb. 6 1950

Pneumectomy: Carcinoma, right lung

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 1, 1946, to Feb. 15, 1952, that I last saw the
deceased alive on Feb. 10, 1952, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John F. Schaefer

M. D.

401 Random Road

Feb. 16 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

Huntington Williams, Md.

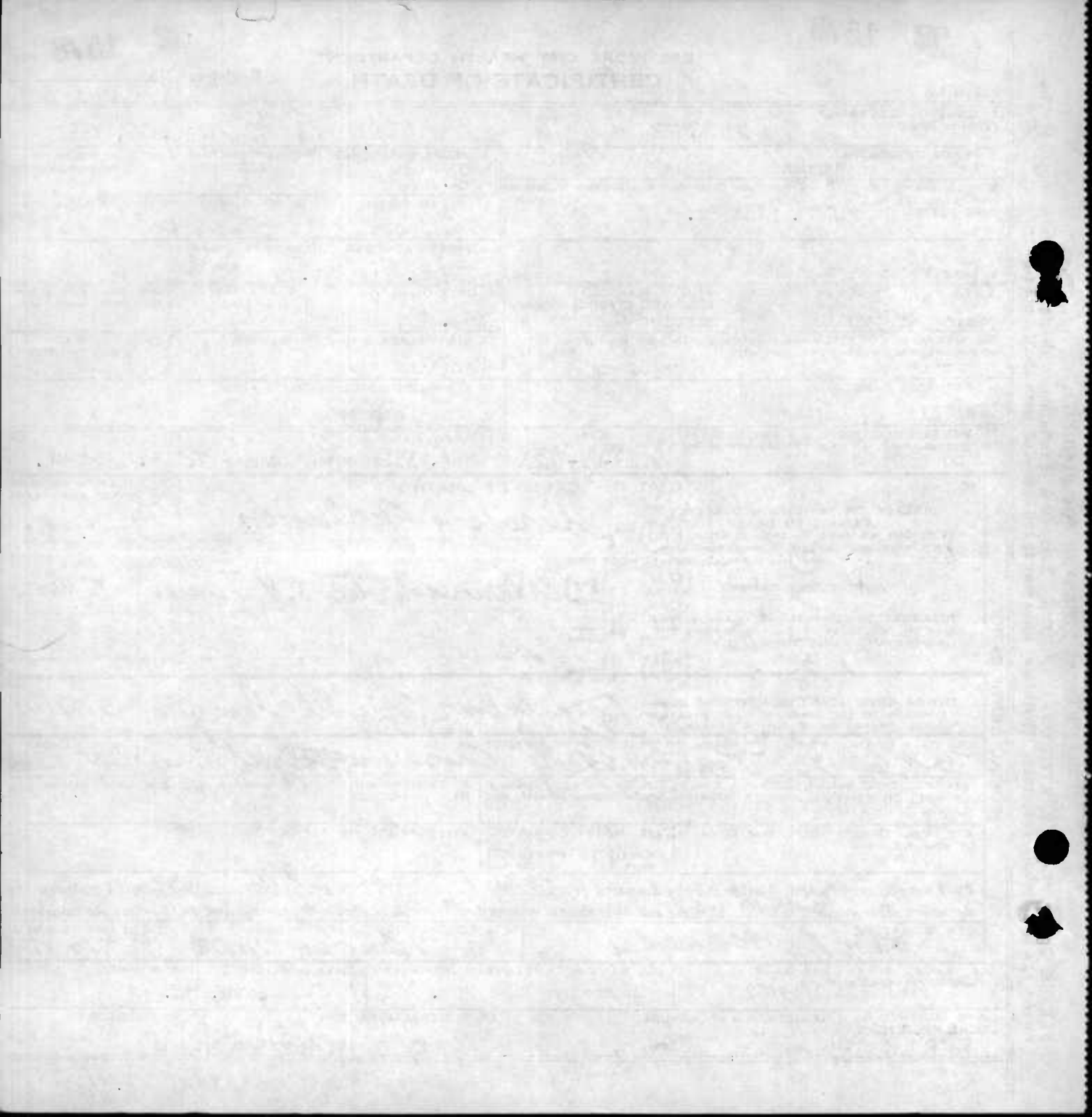
J. J. Schaefer & Sons

477

VS 150

69041

Baltimore 17 Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1579

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PATRICK GANNON

2. DATE
OF
DEATH

2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

37

Mercy Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-01

D. STREET ADDRESS (If rural, give location)

160 N. Gay St.

c. Length of stay in Baltimore

40

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

June 20, 1878

9. AGE (in years last birthday)

73

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

? -

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas E. Gannon

14. MOTHER'S MAIDEN NAME

Eleanor Dempsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

UNK

16. SOCIAL SECURITY NO.

214-22-4416

17. INFORMANT

ADDRESS

18. 422.1 and E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic C.V.D.

DUE TO

(C)

CERTIFICATION APPROVED BY

R.H. Wheeler

M.D.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Intertrochanteric fract., rt. femur

CHIEF OF ASST. MEDICAL EXAMINER.

1 mo.

19A. DATE OF OPERATION

1-17-52

19B. MAJOR FINDINGS OF OPERATION

Intertrochanteric fract., rt. femur

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., at or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

? 160 N. Gay St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

1-15-5-2

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down stairs.

22. I hereby certify that I attended the deceased from 2-16, 1952, to 2-16, 1952, that I last saw the deceased alive on 2-16, 1952, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. A. Shea

23B. ADDRESS

M. D.

23C. DATE SIGNED

3-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

R. L. G. Biddle St

ADDRESS

VS 150

N-820.

186a

1718

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 5TH AVENUE NEW YORK 17, N.Y.

1718

1718

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 5TH AVENUE NEW YORK 17, N.Y.

B-63552 1580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1580

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PARKER FRANKLIN BOATNER.

2. DATE
OF
DEATH

2-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore -10 27-14

c. Length of stay in Baltimore

Life ?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4508 Kenwick Rd.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-8-00

9. AGE (In years
last birthday)

51

H Under 1 Year
Months: DaysK Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real estate

10B. KIND OF BUSINESS OR
INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis F Boatner

14. MOTHER'S MAIDEN NAME

Annie Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
William D. Boatner 4508 Kenwick Road

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Cerebral Vascular Accident.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriosclerotic Vascular Disease.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1952, to 2-15, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 8:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George S. Watson

23B. ADDRESS

The Union Mem. Hospital

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION (Specify)

Burial

24B. DATE

Feb. 19-1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George F. Burge 3631 Falls Road

ADDRESS

0201

8

UNITED STATES OF AMERICA

1950

OFFICE OF THE ATTORNEY GENERAL

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DEPARTMENT OF JUSTICE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1581BIRTH NO. 4361. NAME OF DECEASED
(Type or Print) Mary V. Coulter2. DATE OF DEATH Feb. 15 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Monument + Rutland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3517 Falls Roadc. Length of stay in Baltimore 85 yrs.5. SEX Female6. COLOR OR RACE white7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH

Jan. 27 - 18679. AGE (In years last birthday) 85

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY at Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert A. Coulter

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Daisy Coulter 3517 Falls Road18. 541.1 and 016X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Renal tuberculosis?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 2-1, 1951, to Feb. 15, 1952, that I last saw the deceased alive on Feb. 14, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Neuber M. B. M.

M. D.

23B. ADDRESS

846 W. 36 B St.

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18 - 1952

24C. NAME OF CEMETERY OR CREMATORY

Int. Olivet Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952Huntington Williams1512 Hollins St

VS 150

Balto. 23 Md

1951

88

1951

U.S.A.
101-2746
BOND
COMMON
VALLEY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be filled in fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

520 1582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1582
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alverta Simms

2. DATE
OF
DEATH

Feb. 17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1310 Division St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. COUNTY

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

1310 Division St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Earle Davis, 1310 Division St

18.

181X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Inoperable Carcinoma of Bladder

9/17/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Secondary Anemia

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

October 1951

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Bladder - Provident Hospital

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1951, to 2/17, 1952, that I last saw the deceased alive on 2/17, 1952, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry B. McNamee

M. O.

23B. ADDRESS

1131 Harlem Ave.

23C. DATE SIGNED

2/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James A. Slattery 638 N. Fulton St

VS 150

1952

52B

SPR 5

CONTRACTED FOR THE UNITED STATES
NAVY, WASHINGTON, D.C.

[Faint, mostly illegible text and markings, possibly bleed-through from the reverse side of the page.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1583**

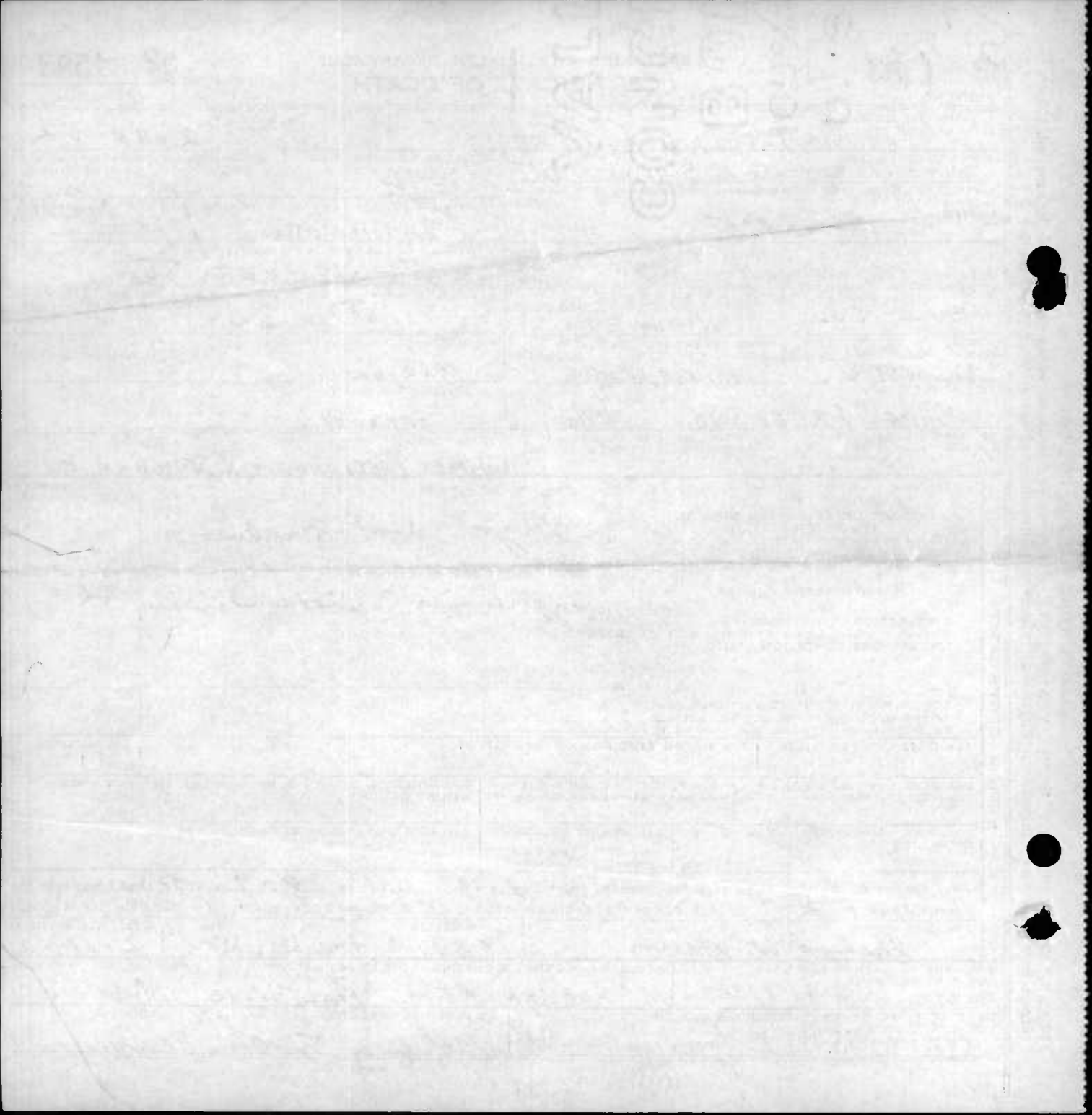
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) FANNIE FREELAND BUTLER		2. DATE OF DEATH 2-13-52
3. PLACE OF DEATH: A. Baltimore City, Maryland 2 N. STRICKER ST		
B. FULL NAME OF HOSPITAL OR INSTITUTION NONE		
c. Length of stay in Baltimore 50 Yrs. None Days		
5. SEX FEMALE	6. COLOR OR RACE COL	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10B. KIND OF BUSINESS OR INDUSTRY HOUSE WORK
13. FATHER'S NAME JAMES FREELAND		14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.
17. INFORMANT JAMES FREELAND		ADDRESS 12 N. STRICKER ST

18. 443X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular disease DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Myocardial Failure Hypertensive Cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH ? ?
---	---	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-12 , 19 51 , to 2-7 , 19 52 , that I last saw the deceased alive on 2-7 , 19 52 and that death occurred at 4:00 P m., from the causes and on the date stated above.				
23A. SIGNATURE Thomas W. Hays		23B. ADDRESS 1824 W. Franklin St	23C. DATE SIGNED 2-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2/19/52	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM.	24D. LOCATION (City, town, or county) BALTIMORE MD	(State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 150		25. FUNERAL DIRECTOR 916 ADDRESS Jackson PENNS. AVE		

7208A

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1584

BIRTH NO. 52 1584

1. NAME OF DECEASED (Type or Print) <i>Carrie Patterson</i>			2. DATE OF DEATH <i>2-16-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>15-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital Baltimore Md</i>			C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>634 Cumberland St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7 Dec 1896</i>	9. AGE (In years last birthday) <i>55</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Homemaker</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US.</i>
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>Fresie Brown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>197X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatous</i> DUE TO <i>Hemangioma gallbladder, kidney</i> (over)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(over)</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-15</i> , 19 <i>52</i> , to <i>2-16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2-16</i> , 19 <i>52</i> , and that death occurred at <i>4 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. B. Smith</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>2-16-52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-19-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balti. National Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Belts. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>W. G. Collick 1412 E. Preston St.</i>	

VS 150

7208A

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Autopsy findings in part
See Document File 52-1584
2/27/52 ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1585
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Absent T. Johnson

2. DATE OF DEATH

2-15-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Bon Secour Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-07

D. STREET ADDRESS (If rural, give location)

406 Denison St.

c. Length of stay in Baltimore

59 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

2-4-90

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Letter Carrier, U.S. GOV'T.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Johnson

14. MOTHER'S MAIDEN NAME

Elizabeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mamie Johnson, 406 Denison St.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952 to 2-15, 1952, that I last saw the deceased alive on 2-15, 1952 and that death occurred at 5:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

Irvin Mendez

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

2-15-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Witzke

ADDRESS

FEB 18 1952

VS 150

33590

83a

1921

RECEIVED

1921

TO THE HONORABLE SECRETARY OF THE
NAVY
WASHINGTON, D. C.

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 14th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
[Signature]

Very truly yours,
[Signature]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G-463
52 1586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1586
Registered No.

BIRTH NO. 52 1586		1. NAME OF DECEASED (Type or Print) CLARENCE W. GAYLEARD		2. DATE OF DEATH February 15, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 208 E. 24th Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1890	9. AGE (In years last birthday) 61	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Joseph Gayleard		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Dorothy Cissill, 208 E/ 24th St	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Lewis		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 16, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 19/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Balto. Md.		24E. LOCATION (City, town, or county) 4101 Edmondson Ave.		25. FUNERAL DIRECTOR Huntington Williams	
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Huntington Williams	

937 a

2007-95

RECEIVED CITY OF LOS ANGELES

CERTIFICATE OF DEATH

15-1-1907

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

NAME OF OFFICIAL

NAME OF CLERK

NAME OF ASSISTANT

NAME OF RECORDER

NAME OF INDEXER

NAME OF CLERK

NAME OF ASSISTANT

NAME OF RECORDER

NAME OF INDEXER

NAME OF CLERK

NAME OF ASSISTANT

NAME OF RECORDER

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NAME OF ASSISTANT

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NAME OF INDEXER

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NAME OF ASSISTANT

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NAME OF INDEXER

NAME OF CLERK

NAME OF ASSISTANT

NAME OF RECORDER

NAME OF INDEXER

CERTIFICATE CORRECTED 2-20-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1587

BIRTH NO.

1. NAME OF DECEASED

(Type or print) SUSAN J HARP

2. DATE OF DEATH

FEB 16 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

320 W 30th St.

C. CITY OR TOWN (If outside corporate limits, write rural and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

320 W 30th St

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 1870

9. AGE (in years last birthday)

82 81

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COTTON DUCK MILL

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Harp

14. MOTHER'S MAIDEN NAME

Susan Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Evelyn Harp. 5614 York Road

18.

334X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

Hypertension

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 yr

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

marked generalized and cerebral arteriosclerosis

7 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 19 51 to Feb. 16, 19 52, that I last saw the deceased alive on Feb. 15, 19 52, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

FEB-19-52

St Marys (HAMPDEN) BALTO.

md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1952

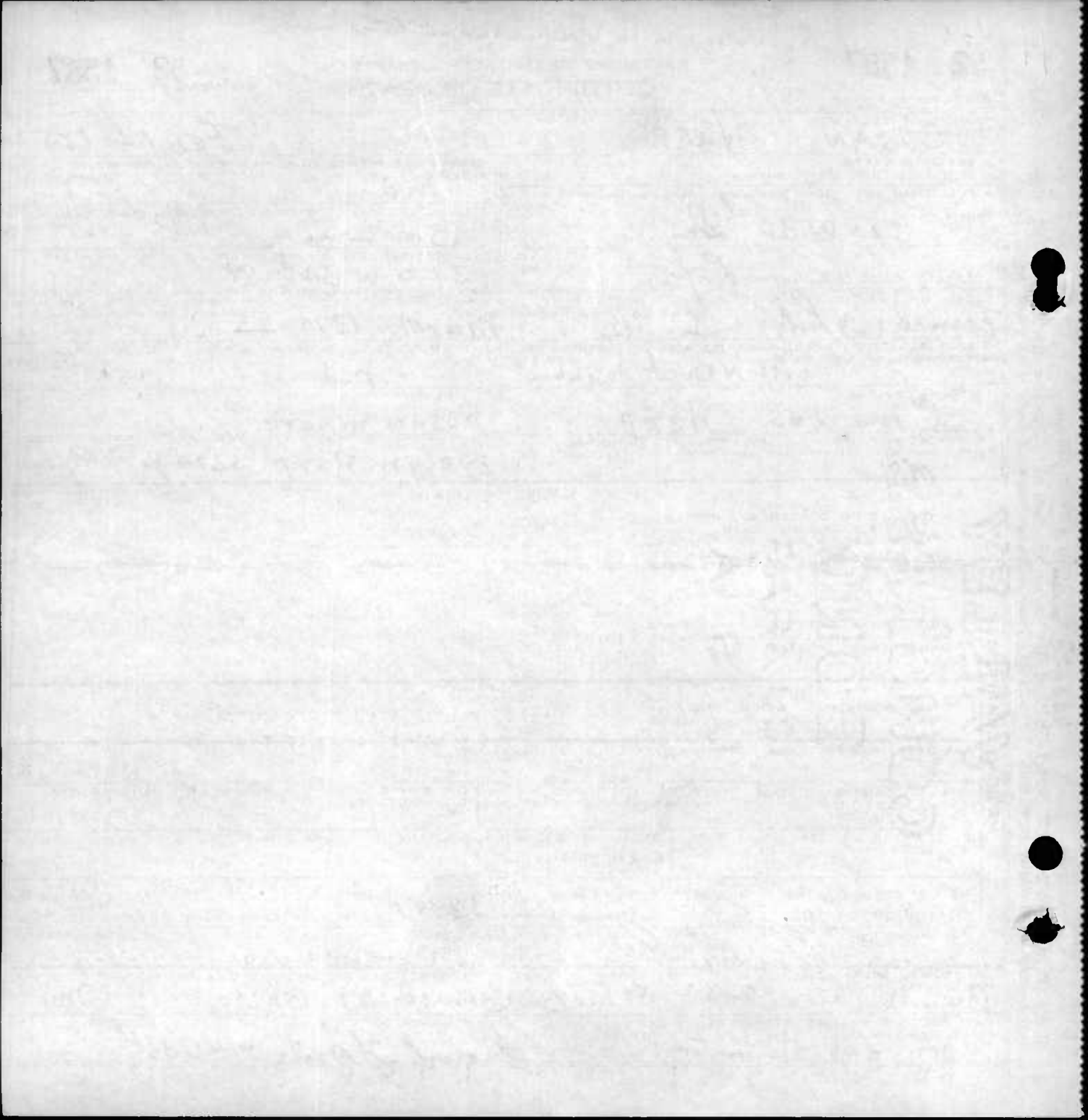
Huntington Williams, M.D. 814 W 36th

VS 150

97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1588

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas M. Holt

2. DATE
OF
DEATH

February 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Paul Nursing Home

2305 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1945 W. Lexington St.

c. Length of stay in Baltimore

65 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 9, 1879

9. AGE (In years - last birthday)

72 yrs

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer & Watchman City of Baltimore

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Holt

14. MOTHER'S MAIDEN NAME

Hannah Grimes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Wm. H. Widerman, Ellicott City, Md.

18.

334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) hemiplegia left

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) hypertension

QUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) myocardial weakness

INTERVAL BETWEEN ONSET AND DEATH

1 yr

1 yr

6 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to Feb. 17, 1952, that I last saw the deceased alive on Feb. 15, 1952, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24D. LOCATION (City, town, or county)

Randallstown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

4510 Liberty Heights Ave.

ADDRESS

4510 Liberty Heights Ave.

VS 150

97093

831

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



22001 K-622
INC-156421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1589

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Blanche Koroszies		2. DATE OF DEATH 2-14-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 40 Yrs.		D. STREET ADDRESS (If rural, give location) 1604 Church St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 13, 1893	9. AGE (In years last birthday) 59	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lithuania	
13. FATHER'S NAME August Sodausky		14. MOTHER'S MAIDEN NAME Anna Miller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Records-Baltimore City Hospitals 4940 Eastern Avenue	
18. 331X		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebrovascular Accident			2 Weeks
DUE TO		(B) Brocho Pneumonia			1 week
DUE TO		(C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pyelonephritis			?
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-8 , 19 52 , to 2-14 , 19 52 that I last saw the deceased alive on 2-14 , 19 52 , and that death occurred at 7:00P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R. Rozen</i>		23B. ADDRESS M. D. 4940 Eastern Ave. Balto. Md.		23C. DATE SIGNED 2-15-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 2/19/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer - Belair Rd.	
24D. LOCATION (City, town or county) Baltimore		24E. (State) Md.			
DATE RECEIVED BY FEB 18 1952		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		25. FUNERAL DIRECTOR <i>Charles H. Gaskins</i>	
LOCAL REGISTRAR		ADDRESS 703 McHenry St.			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED [Faint text]</p>		<p>2. SEX [Faint text]</p>	
<p>3. AGE [Faint text]</p>		<p>4. DATE OF BIRTH [Faint text]</p>	
<p>5. PLACE OF BIRTH [Faint text]</p>		<p>6. OCCUPATION [Faint text]</p>	
<p>7. MARITAL STATUS [Faint text]</p>		<p>8. EDUCATION [Faint text]</p>	
<p>9. PRESENT ADDRESS [Faint text]</p>		<p>10. DATE OF DEATH [Faint text]</p>	
<p>11. CAUSE OF DEATH [Faint text]</p>		<p>12. MANNER OF DEATH [Faint text]</p>	
<p>13. SIGNATURE OF PHYSICIAN [Faint text]</p>		<p>14. SIGNATURE OF REGISTRAR [Faint text]</p>	
<p>15. SIGNATURE OF WITNESS [Faint text]</p>		<p>16. SIGNATURE OF DECEASED [Faint text]</p>	
<p>17. SIGNATURE OF NEXT OF KIN [Faint text]</p>		<p>18. SIGNATURE OF BURIAL OFFICER [Faint text]</p>	
<p>19. SIGNATURE OF INTERMENT OFFICER [Faint text]</p>		<p>20. SIGNATURE OF FUNERAL HOME [Faint text]</p>	
<p>21. SIGNATURE OF CHURCH OFFICER [Faint text]</p>		<p>22. SIGNATURE OF CEMETERY OFFICER [Faint text]</p>	
<p>23. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>24. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>25. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>26. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>27. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>28. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>29. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>30. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>31. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>32. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>33. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>34. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>35. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>36. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>37. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>38. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>39. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>40. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>41. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>42. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>43. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>44. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>45. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>46. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>47. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>48. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>49. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>50. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>51. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>52. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>53. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>54. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>55. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>56. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>57. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>58. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>59. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>60. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>61. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>62. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>63. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>64. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>65. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>66. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>67. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>68. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>69. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>70. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>71. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>72. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>73. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>74. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>75. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>76. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>77. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>78. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>79. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>80. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>81. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>82. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>83. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>84. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>85. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>86. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>87. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>88. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>89. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>90. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>91. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>92. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>93. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>94. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>95. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>96. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>97. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>98. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	
<p>99. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>		<p>100. SIGNATURE OF OTHER OFFICIAL [Faint text]</p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1590

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Walker

2. DATE
OF
DEATH

Feb. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1718 W. Lexington St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1718 W. Lexington St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Cdn.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 28, 1912

9. AGE (In years,
last birthday)

39

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

General

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Fred Walker

14. MOTHER'S MAIDEN NAME

Lottie Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Carrie Simms

ADDRESS

1718 W. Lexington St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

18 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to Feb. 14, 1952, that I last saw the
deceased alive on Feb. 14, 1952, and that death occurred at 9:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Williams, M.D.

23B. ADDRESS

46 N. Gilmore

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Crestview Memorial Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate Williams

ADDRESS

322A Shrewsbury St.

FEB 18 1952

VS 150

1952 295099

13B

RECEIVED BY THE DEPT. OF HEALTH

CERTIFICATE OF DEATH

STATE OF NEW YORK
DEPT. OF HEALTH
BUREAU OF VITAL STATISTICS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1591
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL LOWERY			2. DATE OF DEATH 2-17-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) South Balto. Gen. Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) FOOT OF LIGHT STREET		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 3, 1887		9. AGE (in years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boat Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Samuel Marks		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME Samuel E. Lowery			14. MOTHER'S MAIDEN NAME Mattie Beard		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 217-01-8542		
17. INFORMANT Emma N. Lowery, Foot of Light St			ADDRESS		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Artery Disease		
(B) Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 2		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-17-1952 to 2-17-1952 , that I last saw the deceased alive on 2-17-1952 and that death occurred at 2:50 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE D. C. J. Quirino		23b. ADDRESS 1213 LIGHT ST		23c. DATE SIGNED 2-17-52	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24b. DATE 2/20/52		24c. NAME OF CEMETERY Cedar Hill	
24d. LOCATION (City, town, or county) (State) Anne Arundel County, Md.		25. FUNERAL DIRECTOR Wm. C. F. [unclear]			
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952		REGISTRAR'S SIGNATURE William [unclear]		ADDRESS 1213 Lt. Paul St.	

VS 150

51055

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

1964

WALTON
COINTEGRATION
ECONOMICS
JOURNAL



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1592**BIRTH NO. **52 1592**

1. NAME OF DECEASED (Type or Print) Emory H Kramer		2. DATE OF DEATH Feb. 17 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 850 W. 33rd St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 850 W. 33rd St.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH May 3-1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Telegrapher		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R.R.	9. AGE (In years last birthday) 86 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Pd.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME -James J. Kramer		14. MOTHER'S MAIDEN NAME Emily Hagger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Olivia Nally. 5324-4th St. N.W. Wash. D.C.	

18. 450.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho-pneumonia (A) DUE TO	CAUSE OF DEATH Broncho-pneumonia	INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerosis DUE TO		?
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 15, 1952**, to **Feb. 17, 1952**, that I last saw the deceased alive on **Feb. 14, 1952** and that death occurred at **1:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Newton M. Brown	M. D.	23B. ADDRESS 846 W. 36th St	23C. DATE SIGNED 2-18-52
--	-------	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 19 52	24C. NAME OF CEMETERY OR CREMATORY Mt Olivet	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS William Crok Inc Balt.	

1921

CERTIFICATE OF DEATH

1921

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
John Doe		Male		45		Jan 1, 1876		New York, N.Y.	
Cause of Death		Disease		Symptoms		Time of Death		Place of Death	
Heart Disease		Myocardial Infarction		Chest pain, shortness of breath		Jan 15, 1921		New York, N.Y.	
Occupation		Education		Marital Status		Religion		Signature of Physician	
Teacher		High School		Married		Catholic		[Signature]	
Signature of Informant		Relationship to Deceased		Signature of Registrar		Official Seal		Date of Registration	
[Signature]		Son		[Signature]		[Seal]		Jan 16, 1921	

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1593**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANE TENNANT Russell

2. DATE OF DEATH

2/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Walbert Apts 56-A

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1800 N. CHARLES ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

md.

B. COUNTY

Bach.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1800 Charles St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

4/6/1867

9. AGE (In years, last birthday)

84

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alexander Tennant

14. MOTHER'S MAIDEN NAME

Jane Lightbody

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give year or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Daughter

ADDRESS

18.

561.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Inguinal hernia, rt., strangulated**

40 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Inguinal hernia, rt.**

35+ yrs.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **1) Hypertensive heart disease, decompensated.
2) Cerebral arteriosclerosis with encephalopathy**

**2 yrs
3 mos.**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1950**, to **Feb. 17, 1952**, that I last saw the deceased alive on **Feb. 15, 1952**, and that death occurred at **2:50 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Cohen, M.D.

23B. ADDRESS

6702 Park Heights Ave

23C. DATE SIGNED

2/17/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

Frostburg Mem. P.C.

24D. LOCATION (City, town, or county)

Frostburg Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William C. Inc. Baltimore

ADDRESS

FEB 18 1952

VS 150

122a

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

IN SENATE
JANUARY 1 1883
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 18 1882

ALBANY:

W. H. BROWN,

PRINTED BY

THE ALBANY

PRINTING

OFFICE

1883

ALBANY:

W. H. BROWN,

PRINTED BY

THE ALBANY

PRINTING

OFFICE

1883

M 52 460.
1594BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1594

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CONRAD W. MILLER

2. DATE
OF
DEATH Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 516 N. Highland Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

516 N. Highland Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15, 1876

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Schluderberg-Kurdle

11. BIRTHPLACE (State or foreign country)

Co. Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam D. Miller

14. MOTHER'S MAIDEN NAME

Elizabeth Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.
213-05-2466

17. INFORMANT

ADDRESS

Mrs. Catherine Miller 516 N. Highland Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

FED. MORT.

FED. MORT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11, 1952, to 7-15, 1952, that I last saw the
deceased alive on 7-15, 1952, and that death occurred at 7:24 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Reese

M. D.

23B. ADDRESS

4612 Mon. St. Baltimore, Md.

23C. DATE SIGNED

7-16-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 19, 1952

24C. NAME OF CEMETERY OR CREMATORY

Trinity

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ulrich Funeral Home 2008 Orleans St.

ADDRESS

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1595**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Elizabeth D. Christ*2. DATE
OF
DEATH*Feb. 15-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2819 Chesterfield Ave

C. CITY OR TOWN

(If outside corporate limits, write R.U.R.L. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2819 Chesterfield Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary Christ, same

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Carcinoma Uterus

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

none

(C) DUE TO

none

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 31, 1951* to *Feb 15-52*, 1952, that I last saw the deceased alive on *Feb 15-52*, 1952, and that death occurred at *7:07* m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Hermann

M. D.

23B. ADDRESS

1710 E 33rd

23C. DATE SIGNED

2-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**2-19-52**Holy Redeemer**Baltimore Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 8 1952**Huntington Williams, M.D.**J. B. B. B.**5305 Harford*

Dr. Norman
1710 E 33rd

320
52 1596
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1596

1. NAME OF DECEASED (Type or Print) <i>John Fettweis</i>			2. DATE OF DEATH <i>2/17/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md</i> B. COUNTY <i>22-01</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>613 Hanover St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore <i>30</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>613 Hanover St.</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>?</i>		9. AGE (In years last birthday) <i>72?</i> H Under 1 Year Months Days H Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>240 Reservoir</i>	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Alexander Fettweis (M)</i>			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT ADDRESS <i>Hallenth Fettweis 6317 Belair Rd.</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Arterio sclerotic heart disease.</i> DUE TO (B) <i>Chronic asthmatic bronchitis.</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>About 3 years</i> <i>?</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/19/49</i> , 19 <i>52</i> , to <i>2/17/</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>12/28/</i> , 19 <i>52</i> , and that death occurred at <i>4 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Leibel</i>		23B. ADDRESS M. D. <i>1226 Hanover St.</i>		23C. DATE SIGNED <i>2/18/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/20/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, 7401 Belair Rd.</i>			

3071 80

CLERK OF THE DISTRICT COURT
DISTRICT OF COLUMBIA

1900



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1597**

52 1597

1. NAME OF DECEASED
(Type or Print)

Tracey Berryman

2. DATE
OF
DEATH

16 Feb. 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MARYLAND* B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

120 W. LAFAYETTE AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 14-01

D. STREET ADDRESS (If rural, give location)
120 W. LAFAYETTE AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

July 5, 1890

9. AGE (In year,
last birthday)

61

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DETECTIVE

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John A. BERRYMAN

14. MOTHER'S MAIDEN NAME

Annie R. GABRIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WORLD WAR I

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

MARY E. BERRYMAN

ADDRESS

120 W. LAFAYETTE AVE

18.

241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion acute

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic cor pulmonale

DUE TO

(C)

*Bronchial Asthma
Status Asthmaticus*

years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from *March, 1951*, to *16 Feb., 1952*, that I last saw the
deceased alive on *16 Feb., 1952*, and that death occurred at *2:20 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr.

23B. ADDRESS

5 West 29th St. (18) 16 Feb. '52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-20-52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

BALTIMORE, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. Schwab 2101 Frederick Ave

ADDRESS

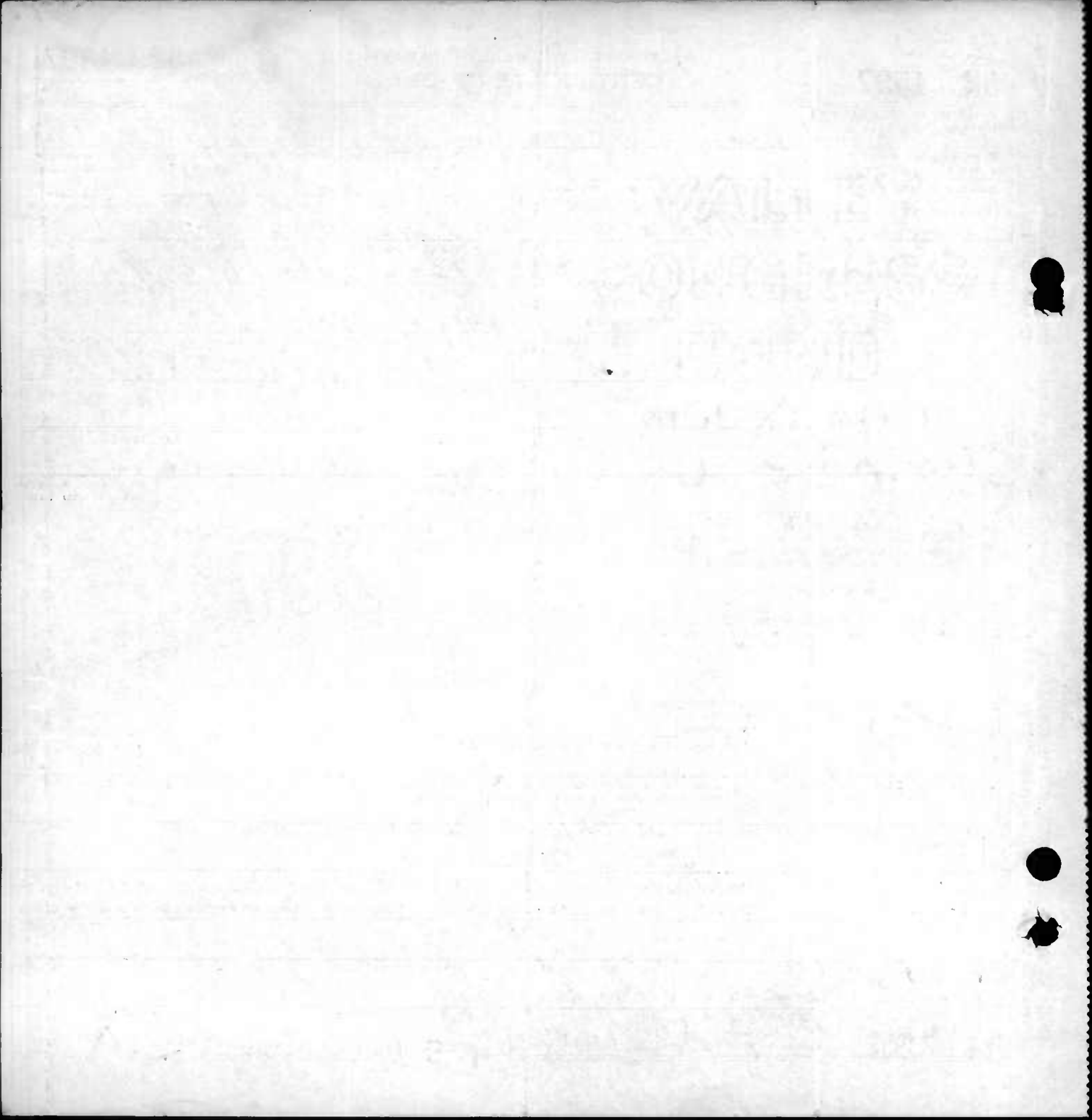
VS 150

773 6C

94a

MARGIN RESERVED FOR BINDING

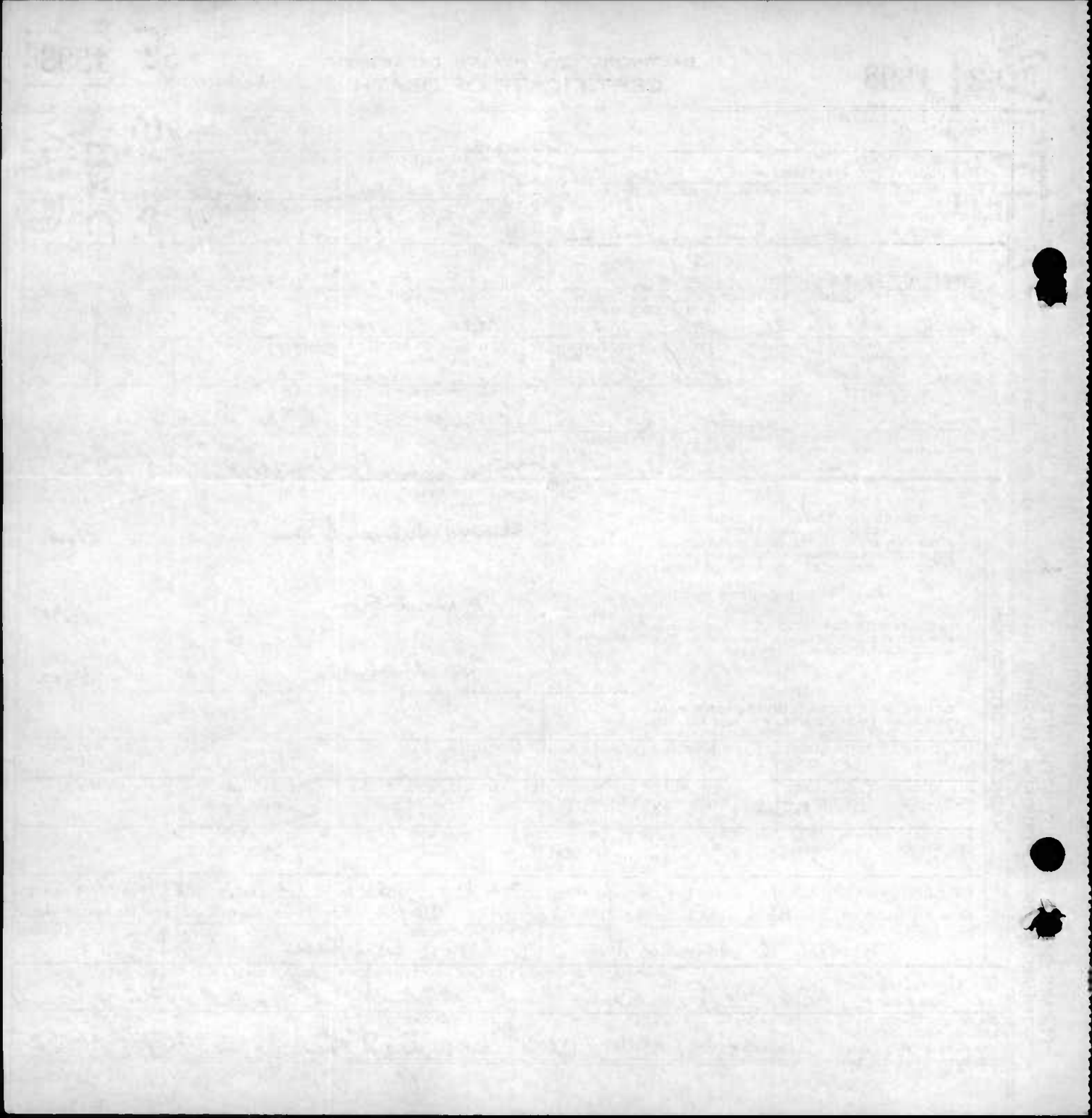
PLEASE WRITE IN FULLY SUPPLIED. THE
correct age is especially important. Every item of information should be
correctly and legibly.



F 524
52 1598
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1598
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Leo Fenzel</i>			2. DATE OF DEATH <i>Feb. 16, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3312 Hayward Ave</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE <i>Maryland</i> COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3312 Hayward Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) <i>Baltimore 27-17</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3312 Hayward Ave</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 11, 1913</i>		9. AGE (In years, last birthday) <i>38</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Act. Dept. Ship Bldg.</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Leo Fenzel</i>			14. MOTHER'S MAIDEN NAME <i>Mollie Becker</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>—</i>			16. SOCIAL SECURITY NO. <i>213-12-3546</i>		
			17. INFORMANT <i>Mrs Ann Coster Wilmington Del</i>		

18. <i>012.0</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Tuberculosis of Spine</i>						<i>3 yrs.</i>		
DUE TO (A) <i>Malnutrition</i>						<i>1 1/2 yrs.</i>		
DUE TO (B) <i>Chronic Alcoholism</i>						<i>5 yrs.</i>		
DUE TO (C) <i>—</i>								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Natural</i>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>✓</i>		
21D. TIME (Month) (Day) (Year) (Hour) <i>✓</i>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR? <i>✓</i>		
22. I hereby certify that I attended the deceased from <i>Feb 1, 1952</i> , to <i>Feb 16, 1952</i> , that I last saw the deceased alive on <i>Feb 16, 1952</i> , and that death occurred at <i>9:55 P.M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Michael A. Adams M.D.</i>			23B. ADDRESS <i>1820 Eutan Place</i>			23C. DATE SIGNED <i>Feb 16-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Feb. 20/52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>		
24D. LOCATION (City, town, or county) (State) <i>Pikesville Maryland</i>			24E. FUNERAL DIRECTOR <i>Huntington Williams, M.D. Loring Byers</i>			24F. ADDRESS <i>5005 R. 7th Ave</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1952</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			310 30		



5-235
52 1599BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1599
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA A. SUCHTING

2. DATE
OF
DEATH Feb. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

504 N. Chapel Gate Lane

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 20, 1874

9. AGE (in years
last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Geo. H. Asendorf

14. MOTHER'S MAIDEN NAME

Sophia Waltjei

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS Lane
Mr. Carl Suchting - 504 N. Chapel Gate

18.

170X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinomatosis,
generalized
mamillary

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1934 to 16 Feb, 1952 that I last saw the
deceased alive on 16 Feb, 1952 and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. Theodore Bonn

M. D.

23B. ADDRESS

Med. Arts Bldg.

23C. DATE SIGNED

18 Feb '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Cem.

24D. LOCATION (City, town, or county)

Violetville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

50 Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CH-1

5

CERTIFICATE OF DEATH

1968

10

Form with multiple lines for text entry, including fields for name, date, and other details. The form is mostly blank with some faint markings.



5-536

52 1600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1600
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JERE J. SANTRY, SR.

2. DATE
OF
DEATH

Feb. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3402 Alto Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

15-38

D. STREET ADDRESS (If rural, give location)

3402 Alto Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 18, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

own

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Santry

14. MOTHER'S MAIDEN NAME

Theresa Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Alma Leah Santry - 3402 Alto Rd.

18.

420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerotic
heart disease

year

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 27 March, 1951, to 16 Feb, 1952, that I last saw the
deceased alive on 16 Feb, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1952

Huntington Williams, M.D.

26 m J. Lickner & Sons Balto

VS 150

05580

937 17 and

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

60001

80

RECEIVED BY THE DIRECTOR
CENTRAL INTELLIGENCE AGENCY

1000

80



F-260
52 1601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1601
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL H FISHER

2. DATE
OF
DEATH

2-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

934 Brooks Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-01

c. Length of stay in Baltimore

72

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

934 Brooks Lane

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

85

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Optometrist

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

HANNAH
Rebecca15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sylvia Fisher - Same

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congestive heart failure

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerosis, generalized

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

28 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15th 1952 to Feb 17, 1952 that I last saw the
deceased alive on Feb 15th 1952 and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1952

Huntington Williams, M.D.

2500 Eutaw Pl

2100 Eutaw Pl

VS 150

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Hambergen Jr
1207 La 9802
Be

52-1602
156390BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1602
Registered No.

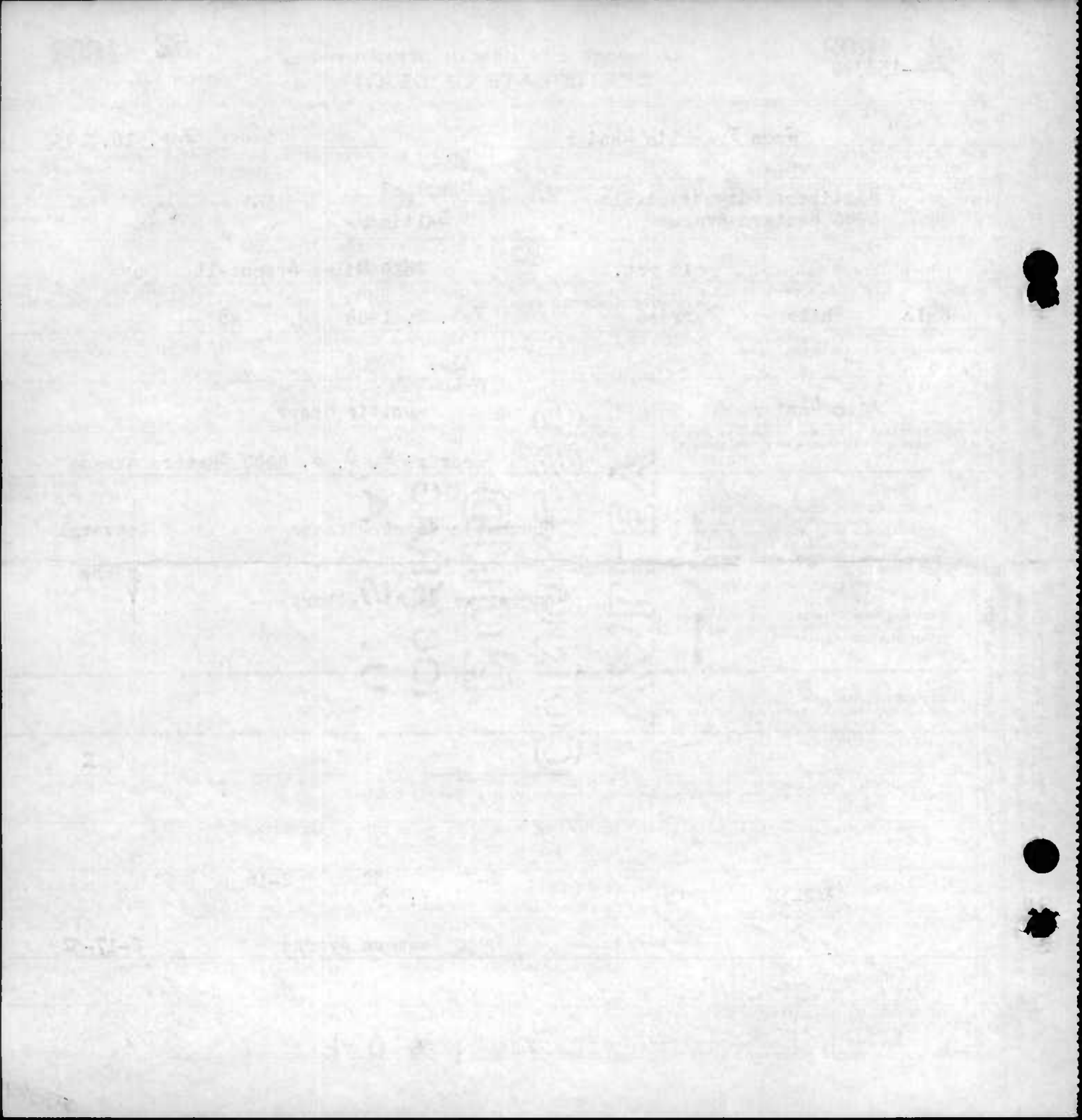
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Franklin Lanier				2. DATE OF DEATH Feb. 16, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 16 yrs.				D. STREET ADDRESS (If rural, give location) 2629 Miles Avenue-11			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 2, 1904		9. AGE (in years last birthday) 48	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ala.	
13. FATHER'S NAME Alto Lanier				14. MOTHER'S MAIDEN NAME Lottie Moore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 186-07-4031		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	
18. 416 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease DUE TO Antecedent Causes Congestive Heart Failure DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						INTERVAL BETWEEN ONSET AND DEATH several years	
19A. DATE OF OPERATION 2-7				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-7 , 19 52 , to 2-16 , 19 52 , that I last saw the deceased alive on 2-16 , 19 52 , and that death occurred at 11:25 P. m., from the causes and on the date stated above.							
23A. SIGNATURE A. B. Flynn				23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Feb. 20-1952		24C. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		24D. LOCATION (City, town, or county) (State) Fredrick Ave. Back Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Thomas J. Kenny Inc		ADDRESS 1600 Hollins St	

VS 150

5443L

95B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

T. 520 52 1603

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1603

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CORDELIA THOMAS		2. DATE OF DEATH February 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2735 Presbury Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-06	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2735 Presbury	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1844
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 107 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Cordelia Lewis, 2735 Presbury St.	

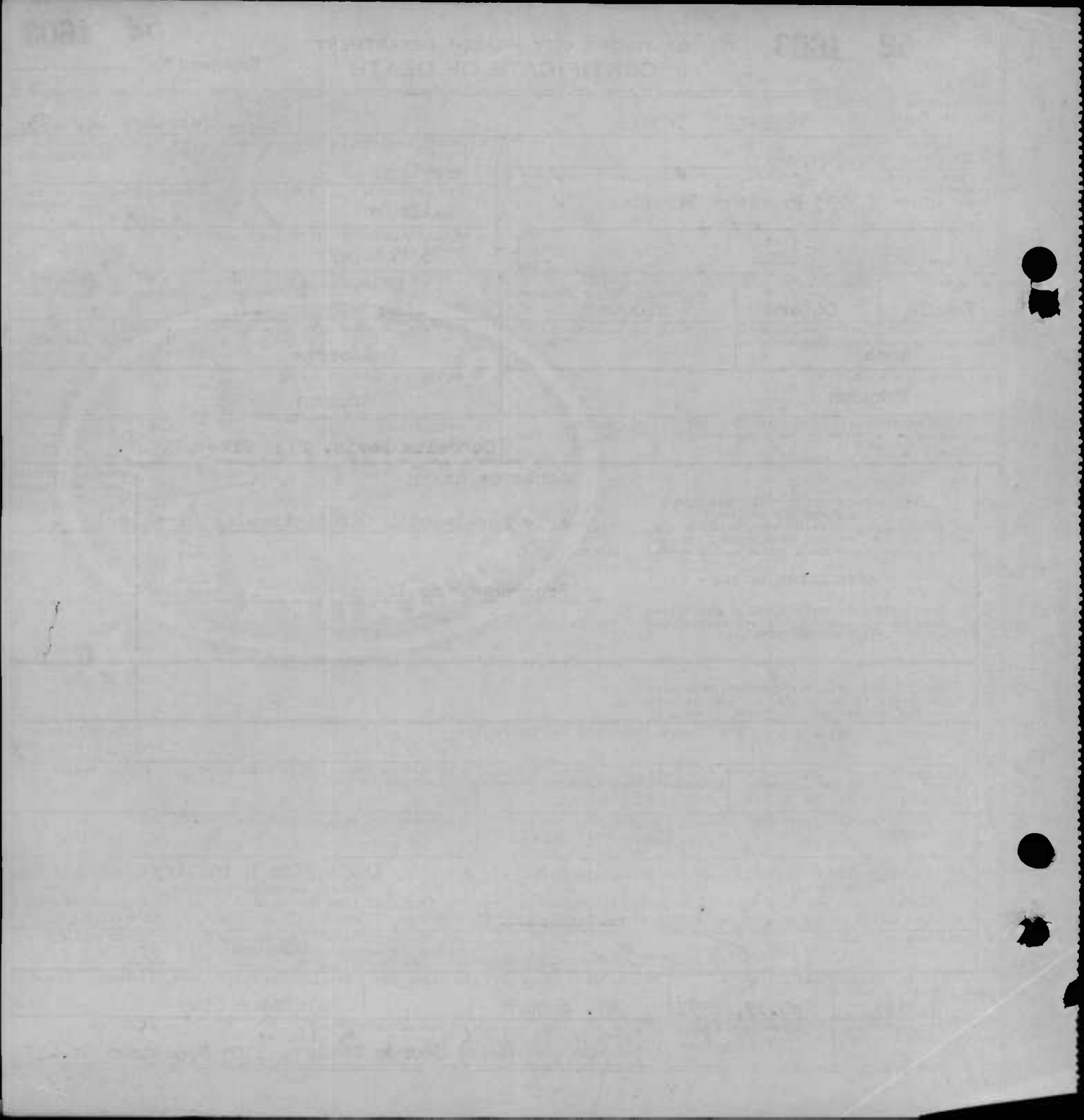
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO Antecedent Causes Bronchopneumonia DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 2/15/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 19, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore City	
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1952		25. FUNERAL DIRECTOR George Kelson, 1303 Presstman St.-17		

V S 151

9374



52 1604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1604

1952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jack Gee

2. DATE
OF
DEATH

February 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1331 Division St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltol

D. STREET ADDRESS (If rural, give location)

1331 Division St.

c. Length of stay in Baltimore

15 yrs

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

D

8. DATE OF BIRTH

Sept. 6, 1900

9. AGE (In years
last birthday)

51

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Buck Korengay

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Katie Powell 1331 Division St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 21, 1951, to February 16, 1952 that I last saw the deceased alive on Feb. 16, 1952 and that death occurred at 3 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1952

Huntington Williams, M.D.

Geo. G. Kelson 1303 Presstman St.

VS 150

131a

STATE OF NEW YORK
CERTIFICATE OF DEATH

DATE OF DEATH

AGE

PLACE OF BIRTH

IN THE CITY AND COUNTY OF

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

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DECEASED

DECEASED

DECEASED

DECEASED

L-520

52 1605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1605

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Phyllis J. Lynch

2. DATE
OF
DEATH

2-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

2111 Kirk Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-10-1952

9. AGE (In years last birthday)

24

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Father Malcolm

14. MOTHER'S MAIDEN NAME

Stella Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

199.7

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Carcinomatosis

DUE TO

(Autopsy findings: Adenocarcinoma stomach with ulceration and perforation

(B)

into the tail of the pancreas, metastases

DUE TO

to brain, spleen, left, adrenal lymph

(C)

nodes, obstruction, hepatic duct, achondrodysplasia, gastric hemorrhage.)

INTERVAL BETWEEN ONSET AND DEATH

8 days

19A. DATE OF OPERATION

2-14-52

19B. MAJOR FINDINGS OF OPERATION

Metastatic Carcinoma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-1952, to 2-18-1952, that I last saw the deceased alive on 2-18-1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. J. J.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2-19-1952

24C. NAME OF CEMETERY OR CREMATORY

Cumberland Md.

24D. LOCATION (City, town, or county)

Cumberland Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John P. Moran

ADDRESS

3000 E. Baltimore St.

VS 150

46 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 52-1605

2/27/52 ES

52 1606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1606
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. John Sipes

2. DATE
OF
DEATH

2 18 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

20-04

D. STREET ADDRESS (If rural, give location)

46 S. Catherine St.

c. Length of stay in Baltimore

67 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 25 1884 67 Yrs

9. AGE (in years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR INDUSTRY

Lock Hill Co

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF

WHAT COUNTRY?

U S A

13. FATHER'S NAME

Edward N. Sipes

MEAT PACKER

14. MOTHER'S MAIDEN NAME

Mary Gives

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Florence M. Sipes Catherine St.

18.

4201

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Atherosclerosis

(C)

Generalized Atherosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Essential Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/18, 1952, to 2/18, 1952, that I last saw the deceased alive on 2/18, 1952 and that death occurred at 4:02 p.m. from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1952

Huntington Williams, M.D.

John J. Bowman & Son 906 St.

VS 150

109 52 963 40

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1900

1900

CERTIFICATE OF DEATH

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

[Faint, illegible handwriting]

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[Faint, illegible handwriting]

[Faint, illegible handwriting]

52 1607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1607

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellen J. Physioc

2. DATE
OF
DEATH

February 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2441 Guilford Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2441 Guilford Avenue

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 28, 1873

9. AGE (In years last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Johnson

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Robert C. Physioc, 2441 Guilford Avenue

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

Chronic Myocarditis
Hypertension, Cardio-vascular renal disease

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Feb. 17, 1952, that I last saw the deceased alive on Feb. 16, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor, M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Feb. 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/20/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. M. Cook, Inc.

ADDRESS

1217 St. Paul Street

CERTIFICATE OF DEATH

REGISTERED IN THE DEPARTMENT OF HEALTH

1917

1917

1917

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF CREMATION

PLACE OF CREMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REINTERMENT

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DATE OF REINTERMENT

PLACE OF REINTERMENT

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S RELIGION

DECEASED'S EDUCATION

DECEASED'S SERVICE

DECEASED'S NOTES

2



52 1608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1608
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Nellie McKenney

2. DATE
OF
DEATH

Feb. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

855 Park Ave.

Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto 11-02

D. STREET ADDRESS (If rural, give location)

855 Park Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/1/1888

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

Piano Player

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George McKenney

14. MOTHER'S MAIDEN NAME

Carrie Trabandt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carrie McKenney 855 Park Ave

18.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma Breast

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from November, 1951, to Feb. 17, 1952 that I last saw the
deceased alive on 1/30/1952 and that death occurred at 6:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald Mohler M.D.

23B. ADDRESS

612 Allendale St.

23C. DATE SIGNED

2/17/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

7217 St. Paul St.

FEB 19 1952

VS 150

0578M

50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Place of death: _____

8. Cause of death: _____

9. Manner of death: _____

10. Signature of physician: _____

11. Signature of registrar: _____

12. Signature of informant: _____

13. Signature of witness: _____

14. Signature of funeral director: _____

15. Signature of coroner: _____

16. Signature of justice of the peace: _____

17. Signature of county clerk: _____

18. Signature of state registrar: _____

19. Signature of state health officer: _____

20. Signature of state auditor: _____

21. Signature of state treasurer: _____

22. Signature of state comptroller: _____

23. Signature of state attorney general: _____

24. Signature of state superintendent of education: _____

25. Signature of state director of agriculture: _____

26. Signature of state director of commerce: _____

27. Signature of state director of labor: _____

28. Signature of state director of mines: _____

29. Signature of state director of public health: _____

30. Signature of state director of transportation: _____

MARGIN REQUIRED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1609 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH Registered No. 52 1609

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary A. Lemmon</i>		2. DATE OF DEATH <i>Feb-18-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1620 Llewellyn Ave</i>		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1620 Llewellyn Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Wid</i>	B. DATE OF BIRTH <i>Mar-12-1860</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>91</i>
13. FATHER'S NAME <i>Edward O. Tress</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <i>None</i>		14. MOTHER'S MAIDEN NAME <i>Mary Hanson</i>	
17. INFORMANT <i>Elsie Freimiller</i>		ADDRESS <i>1620 Llewellyn Ave</i>	

18. *420.1 I* DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
 CAUSE OF DEATH
 (A) *Coronary Thrombosis*
 DUE TO
 ANTECEDENT CAUSES
 (B) *Arteriosclerotic Cardio-vascular Disease*
 DUE TO
 (C)

INTERVAL BETWEEN ONSET AND DEATH
1 hr.

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 10</i> , 19 <i>51</i> , to <i>Feb. 17</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Feb. 16</i> , 19 <i>52</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James D. Wolfe</i>		M. D.		23B. ADDRESS <i>1331 E. Northan</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 19-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto -</i>		25. FUNERAL DIRECTOR <i>William C. C. Inc</i>		ADDRESS <i>Balt.</i>	

DATE RECEIVED BY LOCAL REGISTRAR
FEB 19 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

VS 150

937

DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Name of declarant		6. Signature of declarant	
7. Name of witness		8. Signature of witness	
9. Name of physician		10. Signature of physician	
11. Name of funeral home		12. Signature of funeral home	
13. Name of cemetery		14. Signature of cemetery	
15. Name of registrar		16. Signature of registrar	
17. Name of clerk		18. Signature of clerk	
19. Name of judge		20. Signature of judge	
21. Name of jury		22. Signature of jury	
23. Name of jury		24. Signature of jury	
25. Name of jury		26. Signature of jury	
27. Name of jury		28. Signature of jury	
29. Name of jury		30. Signature of jury	
31. Name of jury		32. Signature of jury	
33. Name of jury		34. Signature of jury	
35. Name of jury		36. Signature of jury	
37. Name of jury		38. Signature of jury	
39. Name of jury		40. Signature of jury	
41. Name of jury		42. Signature of jury	
43. Name of jury		44. Signature of jury	
45. Name of jury		46. Signature of jury	
47. Name of jury		48. Signature of jury	
49. Name of jury		50. Signature of jury	
51. Name of jury		52. Signature of jury	
53. Name of jury		54. Signature of jury	
55. Name of jury		56. Signature of jury	
57. Name of jury		58. Signature of jury	
59. Name of jury		60. Signature of jury	
61. Name of jury		62. Signature of jury	
63. Name of jury		64. Signature of jury	
65. Name of jury		66. Signature of jury	
67. Name of jury		68. Signature of jury	
69. Name of jury		70. Signature of jury	
71. Name of jury		72. Signature of jury	
73. Name of jury		74. Signature of jury	
75. Name of jury		76. Signature of jury	
77. Name of jury		78. Signature of jury	
79. Name of jury		80. Signature of jury	
81. Name of jury		82. Signature of jury	
83. Name of jury		84. Signature of jury	
85. Name of jury		86. Signature of jury	
87. Name of jury		88. Signature of jury	
89. Name of jury		90. Signature of jury	
91. Name of jury		92. Signature of jury	
93. Name of jury		94. Signature of jury	
95. Name of jury		96. Signature of jury	
97. Name of jury		98. Signature of jury	
99. Name of jury		100. Signature of jury	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

N-242
52 1610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1610
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Maggie S. Nichols		2. DATE OF DEATH Feb. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 106 E. Gittings Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 24-03		D. STREET ADDRESS (If rural, give location) 106 E. Gittings St.	
c. Length of stay in Baltimore Abt. 70 yrs.		Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 23,	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frederick Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William H. Fleming		14. MOTHER'S MAIDEN NAME Annie Wolfe		17. INFORMANT ADDRESS LeRoy M. Nichols 106 E. Gittings St.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> </div> <div style="width: 45%;"> <p>CAUSE OF DEATH (A) Hypertensive cardiac vascular disease DUE TO Over (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. General atherosclerosis</p> </div> <div style="width: 10%; text-align: center;"> <p>INTERVAL BETWEEN ONSET AND DEATH</p> </div> </div>					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 8, 19 46 to Jan. 27, 19 52 , that I last saw the deceased alive on Jan. 27, 19 52 , and that death occurred at 11:15 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE A. P. Friedman		23B. ADDRESS 1315 Liger St.		23C. DATE SIGNED 2/18/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/19/1952		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Huntington Williams & Flynn & Fleming		ADDRESS 1426 Light St.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1952		REGISTRAR'S SIGNATURE Huntington Williams			

0101

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0101

5

UNITED STATES OF AMERICA

DEPARTMENT OF THE ARMY

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C. 20315

ADJUTANT GENERAL'S OFFICE

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ADJUTANT GENERAL'S OFFICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1611		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 1611 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Daisy Thompson</i>			2. DATE OF DEATH <i>2-16-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Ba/to 16-04</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>722 N. MONROE ST</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 10, 1905</i>	9. AGE (In years last birthday) <i>46</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			11. BIRTHPLACE (State or foreign country) <i>Washington D.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>P</i>			14. MOTHER'S MARDEN NAME <i>Mary Holiday</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mr Thompson</i>			ADDRESS <i>722 N. Monroe St.</i>		
18. <i>443 X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Hypertensive Cardiovascular Disease</i> DUE TO (B) DUE TO (C)		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Boardman</i>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED <i>2-17-52</i>					
24A. BURIAL, CREMA-TION, REMOVAL (Specify)		24B. DATE <i>Feb. 23, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Hill</i>	
24D. LOCATION (City, town or county) (State) <i>MD.</i>		24E. FUNERAL DIRECTOR <i>Mr. Kate R. Williams</i>		ADDRESS <i>322 N. Schroeder St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 19 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			
VS 151					

1131 32

RECEIVED

1131 32

RECEIVED



W-252

52 1612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1612

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Washington

2. DATE
OF
DEATH

2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1409 Bruce St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1409 N Bruce St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 17, 1896

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Washington Sr.

14. MOTHER'S MAIDEN NAME

Kizziah Jefferson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Edna Washington

ADDRESS

1409 N Bruce St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Williams

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

H. E. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St.

VS 151

97099

92D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8131

81

8131

81



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada P. McCullough

2. DATE
OF
DEATH

Feb. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2170 Hollins St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2170 Hollins St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 16, 1885

9. AGE (In years;
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rock Hall, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Thomas Edward Jones

14. MOTHER'S MAIDEN NAME

Annie B. Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Margaret Polk

ADDRESS

2150 Hollins St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949 to Feb. 16, 1952, that I last saw the
deceased alive on Feb. 2, 1952, and that death occurred at 8:45 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Sidney L. Levy

M. D.

23B. ADDRESS

2322 Eutaw Place

23C. DATE SIGNED

2 - 18 - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2 - 20 - 52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons Inc.

ADDRESS

1900 Eutaw Place

VS 150

1952-000

M. B. Mitchell

937

1038

CERTIFICATE OF DEATH

Attestation
of the
Medical Officer

Post Mortem
Examination

1942

52 1614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1614
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Morris Johnson

2. DATE
OF
DEATH

2/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1511 N. DALLAS ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

22

5. SEX

M.

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

DECE 15-1883

9. AGE (In years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labrgr

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert P. Johnson

14. MOTHER'S MAIDEN NAME

Julia Sumlum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. William Johnson

18.

480X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Bronchitis-Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

Hippie Pneumonia

30 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-52 to 2-18-52, that I last saw the
deceased alive on 2-18-52 and that death occurred at 11:45 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county, (State)

REMOVAL

2-19-52

WASH. D.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

B1 91952

Huntington Williams, M.D., 732-2nd St NW

VS 150

97099 Wash. D.C. 33a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1615
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LENA D. BLOHM

2. DATE
OF
DEATH

Feb. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 5614 Woodmont Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5614 Woodmont Ave. Woodmont

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 31, 1877

9. AGE (in years last birthday)

74

If Under 1 Year Months: Days

If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Deininger

14. MOTHER'S MAIDEN NAME

Elizabeth Deininger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Ave.

Mr. William H. F. Blohm, Sr.-5614 Woodmont

18.

420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

15-20 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
J. F. Fisher
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D. O. A. 19__, to __, 19__, that I last saw the deceased alive on __, 19__ and that death occurred at __ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

2/15/52

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1952 FEB 17

94a Balto 17 Md.

MARGIN CERTIFICATION FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1912

1912

WILLIAMSON CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1912



A-3 53

52 1616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1616

Registered No.

ND-156695

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Adametz

2. DATE
OF
DEATH

Feb. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-05

4940 Eastern Avenue

D. STREET ADDRESS (If rural, give location)

823 S. Rappolla St. (24)

c. Length of stay in Baltimore

31 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 20, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Yugoslavia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Istnan (John Istman)

14. MOTHER'S MAIDEN NAME

Theresa Felm (Theresa Fien)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

420.1 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute left Heart Failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial Fibrosis

DUE TO

1 Month

(C) Coronary Arteriosclerosis

5 Yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1952, to 2-18, 1952, that I last saw the
deceased alive on 2-18, 1952, and that death occurred at 2:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-20-1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M. John Q. Moran

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Baltimore St

FEB 19 1952

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

937

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOT A MEDICAL EXAMINER'S CASE
R. W. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER

A-532

52 1617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1617

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Joseph Andrews

2. DATE
OF
DEATH

2/17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

222 E. Eager Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-01

D. STREET ADDRESS (If rural, give location)

222 E. Eager Street

c. Length of stay in Baltimore

34

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 5, 1918

9. AGE (In years
last birthday)

34

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic Helper

10B. KIND OF BUSINESS OR
INDUSTRY
Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony Andrewiewicz

14. MOTHER'S MAIDEN NAME

Josephine Wylczynski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Chas. J. Andrews 222 E. Eager St.

18.

151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Stomach
to Metastasis

DUE TO

1951

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 28, 1951, to Feb 17, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur P. Koehn

23B. ADDRESS

3426 Bank St

23C. DATE SIGNED

Feb 19-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/21/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1952

Huntington Williams, M.D.

26. B. W. W. and Lou 805 N. Calvert St.

VS 150

690 3A

4612

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11/11/11

11/11/11



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Emma M. Groh*2. DATE
OF
DEATH*2-17-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*4703 HAMPNETT AVE.*Yrs.
Mos.
DaysC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore**8-04*

D. STREET ADDRESS (If rural, give location)

2319 East Oliver Street

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*June 28, 1876*9. AGE (In years
last birthday)*75*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*At Home*

11. BIRTHPLACE (State or foreign country)

*Baltimore - Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Dauterich

14. MOTHER'S MAIDEN NAME

*Elizabeth Leonhardt*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Estella Groh - 2319 East Oliver St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Carcinoma of the liver*DUE TO *General Metastases.*INTERVAL BETWEEN
ONSET AND DEATH*5 Mos.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Primary Carcinoma of left Breast*
*(Radical removal)**7 yrs.*

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 1947.

19B. MAJOR FINDINGS OF OPERATION

Carcinoma

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1951 to Feb. 17, 1952 that I last saw the
deceased alive on Feb. 16, 1952 and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert G. Singmaster, M.D.

23B. ADDRESS

1613 E. North Ave.

23C. DATE SIGNED

*2-18-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2-19-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

*North Ave. - Balto. Md.*DATE RECEIVED BY
LOCAL REGISTRAR

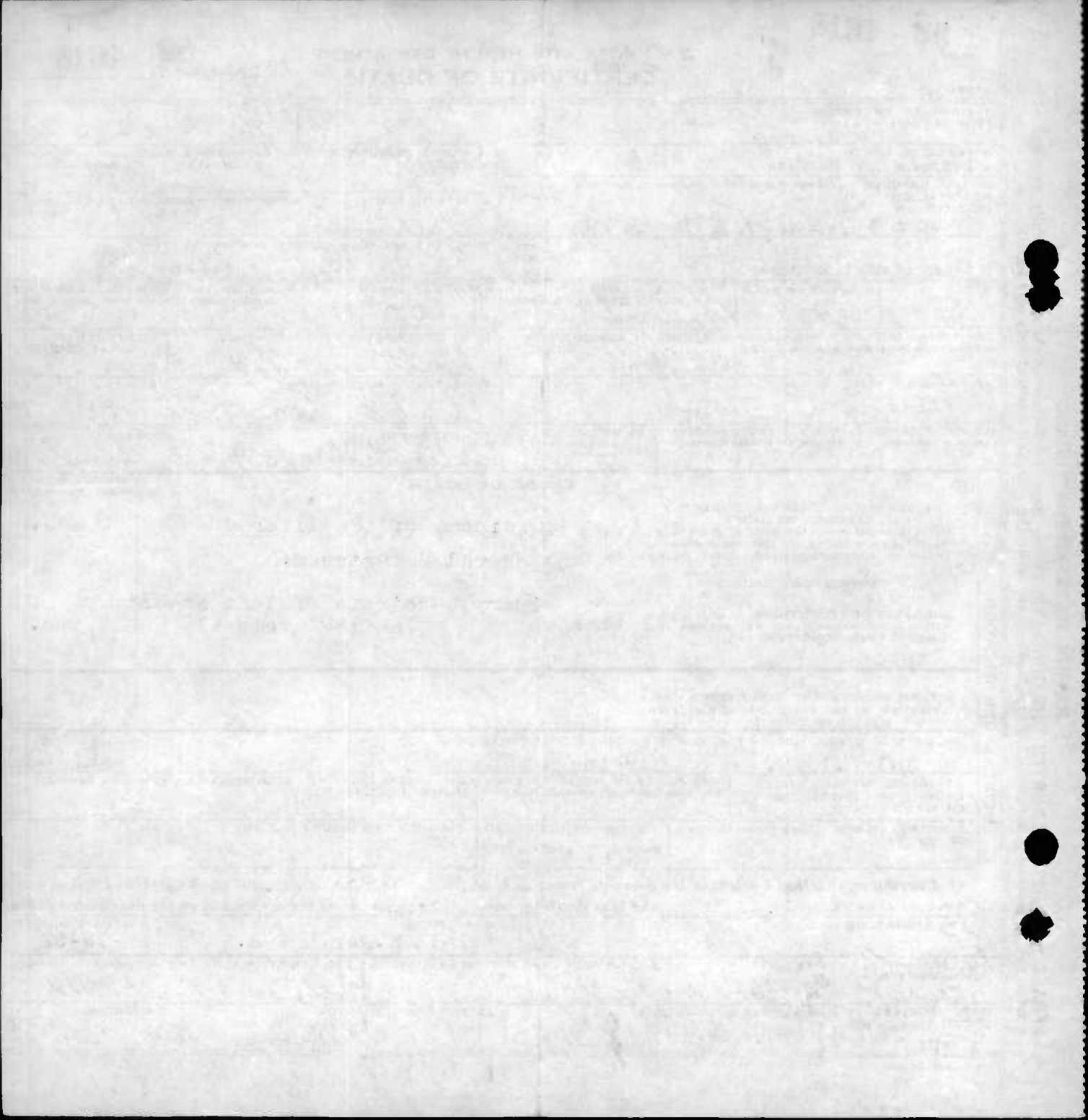
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Miller Inc. - 2435 E. Oliver St.



52 1619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1619

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Solomon B. BINSWANGER

2. DATE
OF
DEATH

Feb. 17, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

42

Sinai Hospital of Baltimore, Inc.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

26-03

d. STREET ADDRESS (If rural, give location)

3510 Lyndale Ave #13

c. Length of stay in Baltimore

5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

Feb. 16, 1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Jeweler

10b. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob E. Binswanger

14. MOTHER'S MAIDEN NAME

Helen Brenner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. Binswanger, 3510 Lyndale Ave

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952, to 2-17, 1952, that I last saw the
deceased alive on 2-17, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

26. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

27. FUNERAL DIRECTOR

ADDRESS

28. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

29. FUNERAL DIRECTOR

ADDRESS

29. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

30. FUNERAL DIRECTOR

ADDRESS

31. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

32. FUNERAL DIRECTOR

ADDRESS

33. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

34. FUNERAL DIRECTOR

ADDRESS

35. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

36. FUNERAL DIRECTOR

ADDRESS

37. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

38. FUNERAL DIRECTOR

ADDRESS

39. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

40. FUNERAL DIRECTOR

ADDRESS

41. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

42. FUNERAL DIRECTOR

ADDRESS

43. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

44. FUNERAL DIRECTOR

ADDRESS

45. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

46. FUNERAL DIRECTOR

ADDRESS

47. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

48. FUNERAL DIRECTOR

ADDRESS

49. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

50. FUNERAL DIRECTOR

ADDRESS

51. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

52. FUNERAL DIRECTOR

ADDRESS

53. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

54. FUNERAL DIRECTOR

ADDRESS

55. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

56. FUNERAL DIRECTOR

ADDRESS

57. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

58. FUNERAL DIRECTOR

ADDRESS

59. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

60. FUNERAL DIRECTOR

ADDRESS

61. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

62. FUNERAL DIRECTOR

ADDRESS

63. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

64. FUNERAL DIRECTOR

ADDRESS

65. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

66. FUNERAL DIRECTOR

ADDRESS

67. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

68. FUNERAL DIRECTOR

ADDRESS

69. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

70. FUNERAL DIRECTOR

ADDRESS

71. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

72. FUNERAL DIRECTOR

ADDRESS

73. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

74. FUNERAL DIRECTOR

ADDRESS

75. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

76. FUNERAL DIRECTOR

ADDRESS

77. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

78. FUNERAL DIRECTOR

ADDRESS

79. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

80. FUNERAL DIRECTOR

ADDRESS

81. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

82. FUNERAL DIRECTOR

ADDRESS

83. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

84. FUNERAL DIRECTOR

ADDRESS

85. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

86. FUNERAL DIRECTOR

ADDRESS

87. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

88. FUNERAL DIRECTOR

ADDRESS

89. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

90. FUNERAL DIRECTOR

ADDRESS

91. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

92. FUNERAL DIRECTOR

ADDRESS

93. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

94. FUNERAL DIRECTOR

ADDRESS

95. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

96. FUNERAL DIRECTOR

ADDRESS

97. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

98. FUNERAL DIRECTOR

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99. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

99. FUNERAL DIRECTOR

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100. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

100. FUNERAL DIRECTOR

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101. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

102. FUNERAL DIRECTOR

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103. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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105. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

106. FUNERAL DIRECTOR

ADDRESS

107. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

108. FUNERAL DIRECTOR

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109. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

109. FUNERAL DIRECTOR

ADDRESS

110. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

110. FUNERAL DIRECTOR

ADDRESS

111. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

111. FUNERAL DIRECTOR

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112. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

112. FUNERAL DIRECTOR

ADDRESS

113. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

113. FUNERAL DIRECTOR

ADDRESS

114. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

114. FUNERAL DIRECTOR

ADDRESS

115. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

115. FUNERAL DIRECTOR

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116. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

116. FUNERAL DIRECTOR

ADDRESS

117. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

117. FUNERAL DIRECTOR

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118. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

118. FUNERAL DIRECTOR

ADDRESS

119. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

119. FUNERAL DIRECTOR

ADDRESS

120. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

120. FUNERAL DIRECTOR

ADDRESS

121. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

121. FUNERAL DIRECTOR

ADDRESS

122. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

122. FUNERAL DIRECTOR

ADDRESS

123. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sally Hill

2. DATE OF DEATH
Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
Baltimore City Hospitals Eastern Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 2, 1891

9. AGE (In years last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry (Henson) Roy

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 443 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bronchopneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Vascular Accident

DUE TO

(C) Hypertensive Cardio Vascular Disease

?

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1937, to 2-15, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 5:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Roy

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/19/52

24C. NAME OF CEMETERY OR CREMATORY

Brooklyn Ave.

24D. LOCATION (City, town, or county)

Brooklyn Ave.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

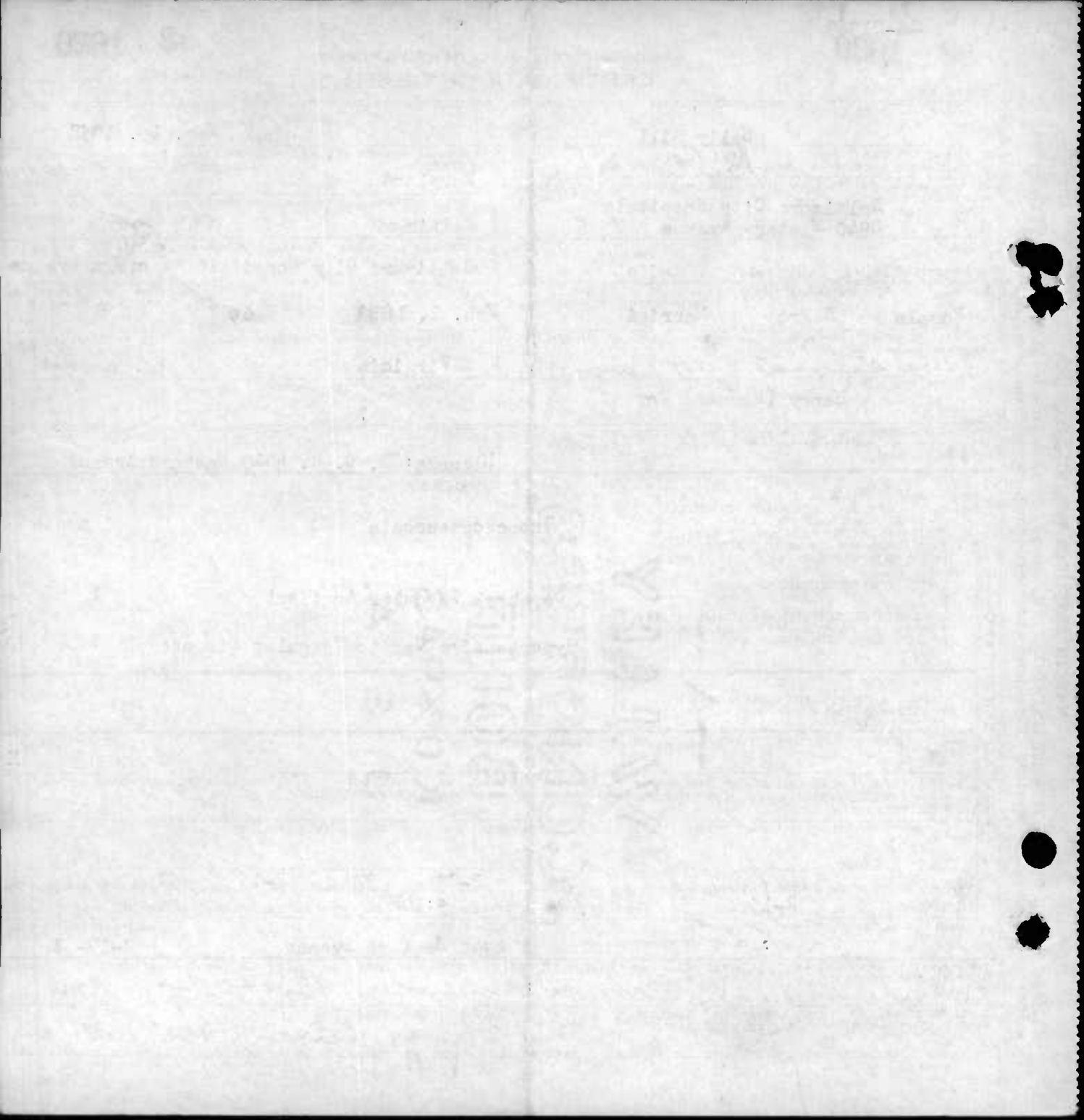
Choyr. Wilson

ADDRESS

1001 Brantly Ave

MARGIN CERTIFICATION FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Edward Chandler

2. DATE
OF
DEATH

Feb - 17 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1016 North Payson Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1016 North Payson Street

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct - 3 - 73

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Chandler

14. MOTHER'S MAIDEN NAME

Martha Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

186-18-0015

17. INFORMANT

ADDRESS

Earl Edward Chandler 1016 Payson St

18.

450.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Generalized Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypostatic Pneumonia

2 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb 17, 1952, that I last saw the deceased alive on Feb 17, 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert L. Banerjee

M. D.

23B. ADDRESS

7224 Fulton Ave

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State)

Arbutus Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston William, M.D.

25. FUNERAL DIRECTOR

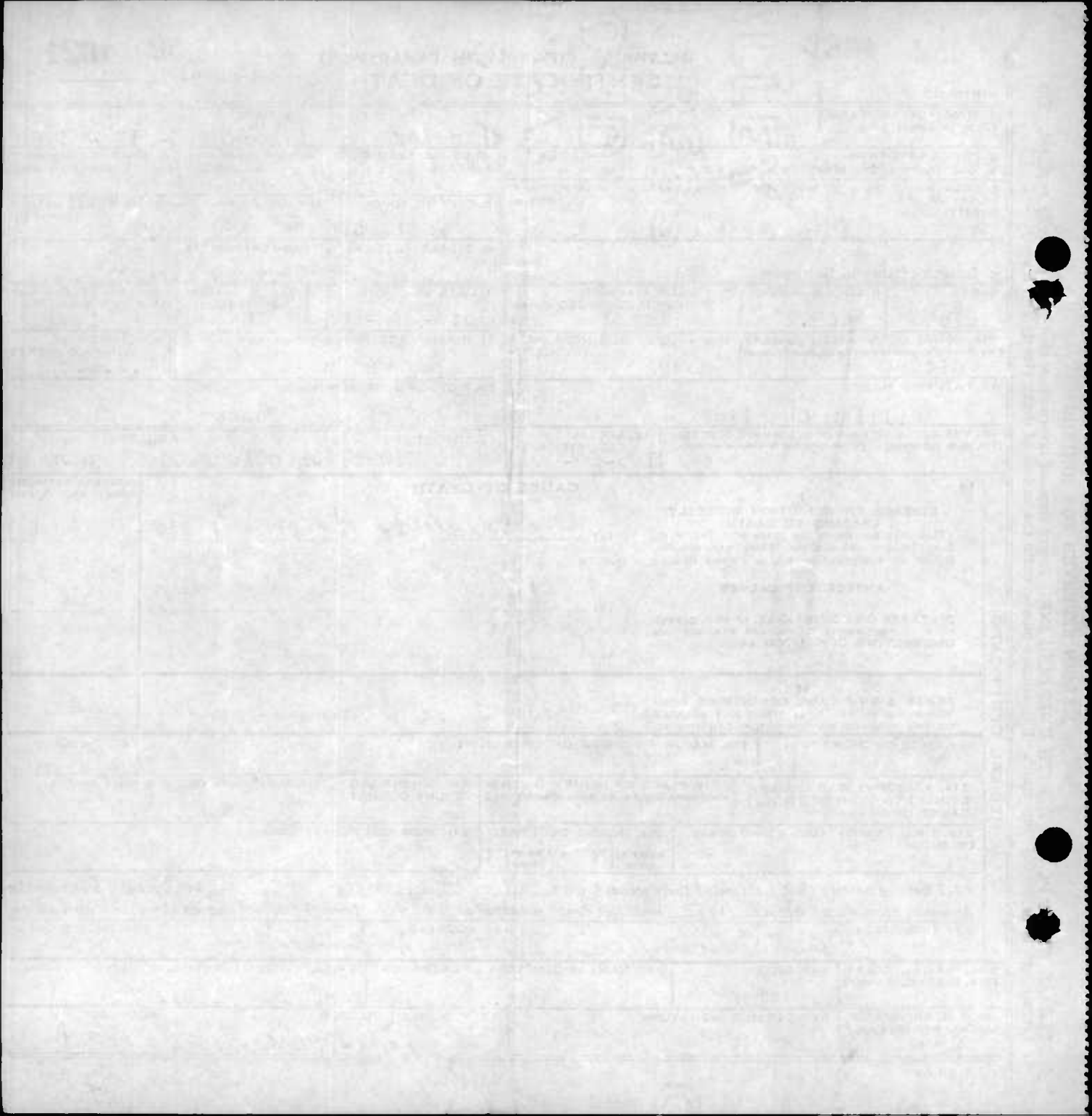
ADDRESS

Thos. O. Wilson 1000

VS 150

1520001

97 Beauty ave



52 1622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1622

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Iwiline

Thorpe

2. DATE

OF

DEATH

Feb-15-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1002 Greenmount Avenue

C. CITY OR TOWN

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1002 Greenmount Avenue

C. Length of stay in Baltimore 35 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July-4-1906

9. AGE (In years last birthday)

45

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Crew Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sidney Tuggle

14. MOTHER'S MAIDEN NAME

Presalla Crawley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John B. Tuggle 1627 Preston Street

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Since Dec 12

Virus X infection

Cardio-vascular renal disorder for 5 yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12 - 51, 1951, to Feb 14 - 52, 1952, that I last saw the deceased alive on Feb 14 - 52, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

F. M. Cardoso

23B. ADDRESS

1524 Duin Hill Ave

23C. DATE SIGNED

2-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy A. Wilson, 1100 Bennett, Ave

ADDRESS

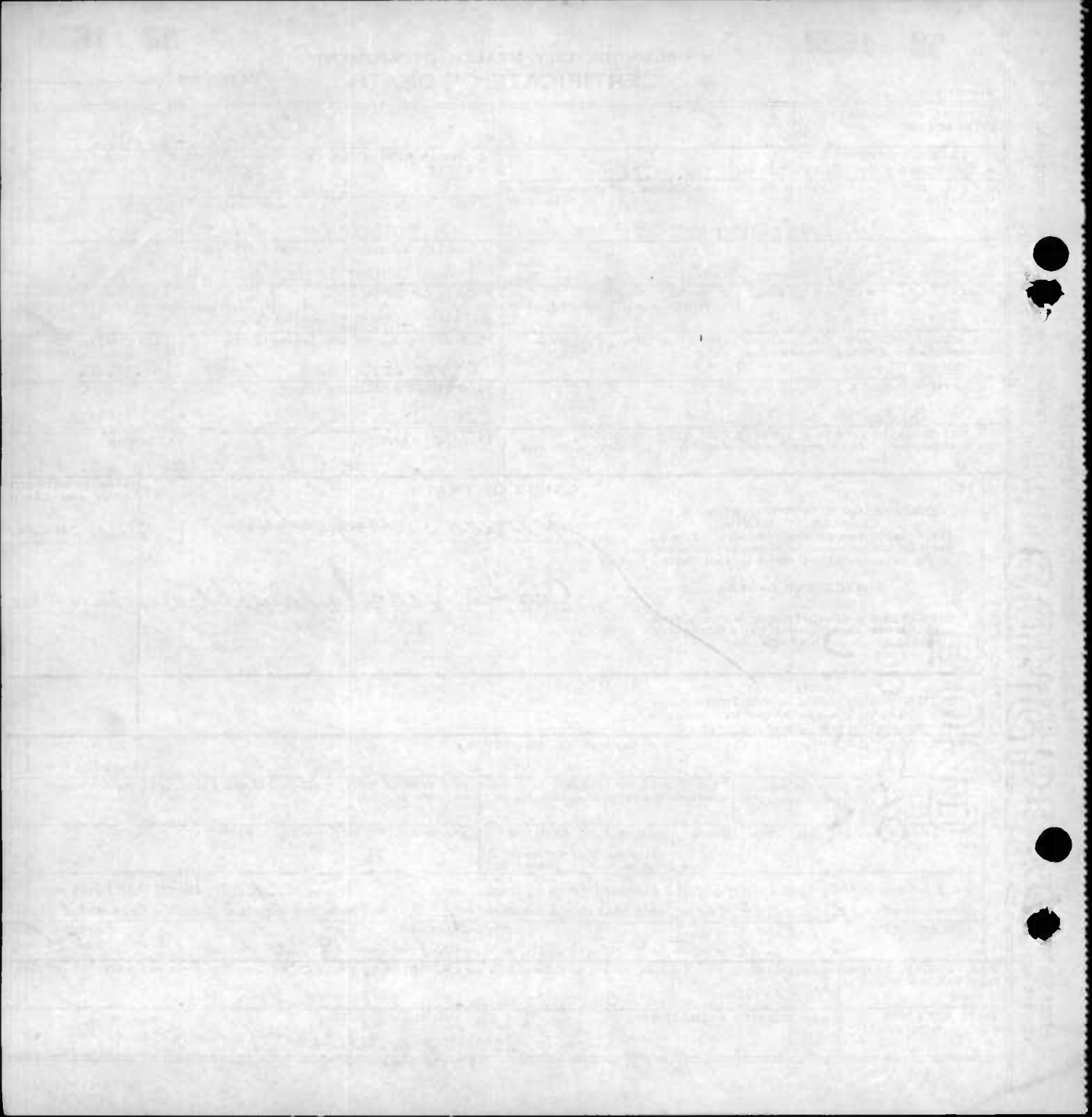
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MARGIN CERTIFICATION FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information shown here is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

400

52 1623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1623
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH HALL

2. DATE
OF
DEATH

Feb. 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pasadena

D. STREET ADDRESS (if rural, give location)

RFD 1, Box 36

C. Length of stay in Baltimore

1 day

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 14, 1887

9. AGE (In years last birthday)

64

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Emerson

14. MOTHER'S MAIDEN NAME

Charlotte

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL SECURITY NO.

3

17. INFORMANT (daughter) ADDRESS
Mrs. Leonora Jackson-Pasadena, Md.

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B) Diabetes

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED
Feb. 18, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1952

24C. NAME OF CEMETERY OR CREMATORY

Trinity Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. UNLURAL DIRECTOR

M. P. Wagner

ADDRESS

217 E. Preston St

1902

1902



52 1624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1624

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELMER W PRICE

2. DATE
OF
DEATH

2-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

72

Yrs.
Mths.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)CAUSE OF DEATH
212-03-3425

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO
(B) DUE TO
(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16, 1952, to 2/17, 1952, that I last saw the deceased alive on 2/17, 1952, and that death occurred at 12:10 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

61

STATE OF ILLINOIS
CERTIFICATE OF DEATH

Attest my hand and seal of office this 10th day of July 1901.

JOHN A. HARRIS, Clerk of the Board of Health.

Witness my hand and seal of office this 10th day of July 1901.

JOHN A. HARRIS, Clerk of the Board of Health.

Attest my hand and seal of office this 10th day of July 1901.

JOHN A. HARRIS, Clerk of the Board of Health.

Witness my hand and seal of office this 10th day of July 1901.

JOHN A. HARRIS, Clerk of the Board of Health.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1625
K-523

52 1625

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATILDA KNIGHT

2. DATE
OF
DEATH

Feb. 17/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1742 N. CHESTER

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

8-06

D. STREET ADDRESS (If rural, give location)

1742 N. CHESTER ST

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

JUNE 10

9. AGE (In years last birthday)

73

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CANNING

10B. KIND OF BUSINESS OR INDUSTRY

CANNING

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SHEET ROOM

14. MOTHER'S MAIDEN NAME

SIEFERTH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

918-28-4219

17. INFORMANT

ADDRESS

JAMES KNIGHT MIDDLE RIVER

18.

334X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Apoplectic stroke

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952 to Feb 17, 1952 that I last saw the deceased alive on Feb 16, 1952, and that death occurred at 12:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Conrad L. Richter

23B. ADDRESS

1706 N Washington St

23C. DATE SIGNED

2/18/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 20/52

24C. NAME OF CEMETERY OR CREMATORY

FIST United EVANG CHURCH

24D. LOCATION (City, town, or county) (State)

BONNE LST

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stephen J. Fialkowski

25. FUNERAL DIRECTOR

STEPHEN J. FIALKOWSKI

ADDRESS

1800 S. WENWOOD

OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

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52 1626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1626
M-5501. NAME OF DECEASED
(Type or Print)

William George Mannion

2. DATE
OF
DEATH

Feb. 17, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION1604 E. 28th St.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-06

D. STREET ADDRESS (If rural, give location)

1604 E. 28th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 1-1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, such as if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Mannion

14. MOTHER'S MAIDEN NAME

Bridget Monaghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

705-09-6465

17. INFORMANT

Mrs. Katherine J. Mannion same

ADDRESS

18.

334X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Left hemiplegia

INTERVAL BETWEEN
ONSET AND DEATH

9 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterial hypertension

6 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Peptic ulcer

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Feb 17, 1952, that I last saw the deceased alive on Feb 17, 1952, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick A. Vollmer

M. D.

23B. ADDRESS

6100 York Rd Balto. Md. Feb. 18, 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-20-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Balt Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

L. J. Rubke

ADDRESS

5305 Bayford Rd

FEB 19 1952

VS 150

52356

837

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Vallmer
6100 York Rd

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

52 1627
2 22
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Amelia Pazukas			2. DATE OF DEATH 2-16-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 39			D. STREET ADDRESS (If rural, give location) 3374 St. Benedict St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH June 22, 1912	9. AGE (In years last birthday) 39	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor			11. BIRTHPLACE (State or foreign country) Baltimore		
10B. KIND OF BUSINESS OR INDUSTRY Lebow Bros Clothing Co.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME JOHN PAZUKAS			14. MOTHER'S MAIDEN NAME Solomei RUMNITIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 215-09-7579		
17. INFORMANT PAZUKAS			ADDRESS 3374 St. Benedict St.		

18. E971-21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Phenol Poisoning		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3374 St. Benedict Street
21D. TIME (Month) (Day) (Year) (Hour) Feb. 16, 1952 1:00 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Ingested overdose of phenol

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Smith	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED 2-17-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/20/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Belair Rd
24D. LOCATION (City, town or county) MD	24E. LOCATION (City, town or county) MD	

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William W. Smith	FUNERAL DIRECTOR Charles H. Gachauschak	ADDRESS 703 McHenry St
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FEB 19 1952

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1628
Registered No.52 1628
S-255
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARGARET MATILDA SCHMINK			2. DATE OF DEATH 2-17-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3703 E. Gough Street - 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	B. DATE OF BIRTH February 16, 1886	9. AGE (In years last birthday) 66	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Wolferman			14. MOTHER'S MAIDEN NAME Katherine Huber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-22-3888	17. INFORMANT ADDRESS John G. Schmink Jr. 3703 Gough St.		

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute Intestinal Failure			DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic Cardiac Vascular Disease			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-16- , 1952, to 2-17- , 1952, that I last saw the deceased alive on 2-17- , 1952, and that death occurred at 12:20am , from the causes and on the date stated above.					
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED 2-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 20, 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd. Ba. Co. Md.		25. FUNERAL DIRECTOR Charles S. Jailer		ADDRESS 901 S. Conkling St.	

CENTRAL BANK OF AMERICA

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52 1629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1629
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Ann Shea

2. DATE
OF
DEATH 2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

606 Bartlett Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 Bartlett Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1873

9. AGE (In years,
last birthday)

78

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Texas, Balto. Co.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Croghan

14. MOTHER'S MAIDEN NAME

(Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mrs. Wm. Mester-606 Bartlett Ave

18. 443 X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

terminal pneumonia

(B)

DUE TO

Hypertension, cardio
vascular disease

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1951 to 2/16, 1952, that I last saw the
deceased alive on 2/15, 1952, and that death occurred at 2:00 p. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-19-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 19 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WIEDEFELD AND SON
937 GREENMOUNT AVE. & 22nd ST.

1953

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-247

52 1630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1630

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Frank Sagoulas</u>		2. DATE OF DEATH <u>2-17-52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Md</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3512 Greenmount Ave</u>		C. CITY OR TOWN <u>Baltimore</u>		D. STREET ADDRESS (If rural, give location) <u>3512 Greenmount Ave</u>	
c. Length of stay in Baltimore <u>30 years</u>		Yrs. <u>30</u> Mos. <u>0</u> Days <u>0</u>		9. AGE (In years, last birthday) <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH	11. BIRTHPLACE (State or foreign country) <u>Greece</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>manager owner</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		17. INFORMANT ADDRESS <u>Steve Stamas Same</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arterio-sclerotic - Renal Disease</u> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 17</u> , 19 <u>51</u> , to <u>Feb. 17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb. 16</u> , 19 <u>52</u> , and that death occurred at <u>7A</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Mark H. Jensen</u>		23B. ADDRESS <u>5111 York Rd</u>		23C. DATE SIGNED <u>2/18/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-20-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Greek Cem.</u>	
24D. LOCATION (City, town, or county) <u>Windsor Mill Rd.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <u>Walter W. Williams Jr.</u>	
25. FUNERAL DIRECTOR <u>Lombard Funeral Home Inc</u>		25A. ADDRESS <u>440 E. North Ave</u>		25B. CITY, STATE, ZIP <u>1312</u>	

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THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

500 N. 5TH ST. NEW YORK, N.Y.

RECEIVED
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NEW YORK
PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 N. 5TH ST.

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52 1632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1632

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Jasper Barnett			2. DATE OF DEATH February 17, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3312 Fairfield Ave.		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH - - 87		9. AGE (In years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME Henry Prince Barnett			14. MOTHER'S MAIDEN NAME Adeline		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL					

18. 334X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Embolism	CAUSE OF DEATH Pulmonary Embolism	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Phlebotrombosis of femoral vein	(B) Paraplegia Secondary to arteriosclerosis of	
(C) arteriosclerosis of Central Nervous System		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-30 , 1952 to 2-17 , 1952, that I last saw the deceased alive on 2-17 , 1952, and that death occurred at 4:35 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William H. Hopkins		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2-18-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 2/18/52	24C. NAME OF CEMETERY OR CREMATORY Gastonia D.C.	24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1952	REGISTRAR'S SIGNATURE Isaiah H. Brown	25. FUNERAL DIRECTOR ADDRESS ISAIAH H. BROWN. SON 108 W Montg omery St (83)			

VS 150

97099

108 W Montg omery St (83)

MARGIN RESERVED FOR BINDING

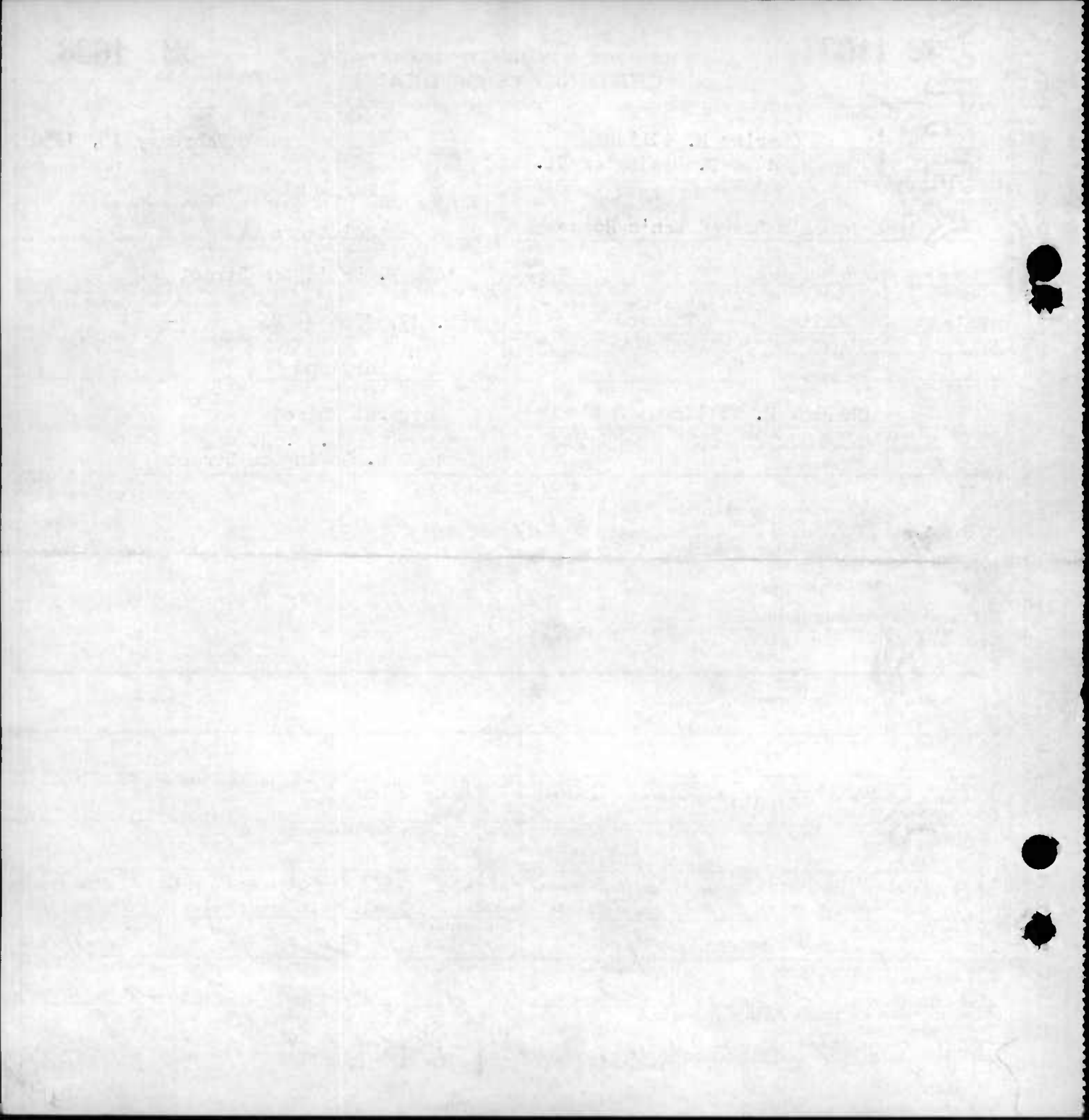
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wright York 50

THE JOHNS HOPKINS HOSPITAL

W-452
52 1633BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1633
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Charles E. Williams		2. DATE OF DEATH February 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 W. Lexington St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 70 Aged Women's & Aged Men's Homes		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-02			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1400 W. Lexington Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 17, 1866	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles H. Williams		14. MOTHER'S MAIDEN NAME Margaret Rhine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT L. H. Read ADDRESS 1400 W. Lexington Street	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 177X (A) Carcinoma Prostate DUE TO ANTECEDENT CAUSES (B) Atherosclerotic Heart Disease DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6-8-10-16			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January, 1951 , to February 18, 1952 , that I last saw the deceased alive on Feb 15, 1952 , and that death occurred at 6.00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harold Edward Day		23B. ADDRESS M. D. 4-E-33rd St - 18		23C. DATE SIGNED February 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 20, 52		24C. NAME OF CEMETERY OR CREMATORY Brandenburg	
24D. LOCATION (City, town, or county) Berrett Carroll Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 19 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Shack & Haight Sykesville Md.		24H. ADDRESS 51B		24I. V.S. 150	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1634

BIRTH NO. 52 1634

1. NAME OF DECEASED
(Type or Print)

John A. Batten

2. DATE
OF
DEATH

Feb. 18, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

206 E. 20th St.

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-04

d. STREET ADDRESS (If rural, give location)

206 East 20th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 27, 1867

9. AGE (In years last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret - Sheet Metal Business - self

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Batten

14. MOTHER'S MAIDEN NAME

Lucinda Norman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

-

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Fleming Batten, 206 E 20th Street

18.

3533 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Idiopathic Epilepsy

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

20 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Wm. H. Kammer, Jr. M.D.

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23c. DATE SIGNED

Feb. 19, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

2/19/52

24c. NAME OF CEMETERY OR CREMATORY

Blacksburg

24d. LOCATION (City, town, or county)

Blacksburg, St. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1952

Huntington W. B. Co., 217 St. Paul St.

24th. B. & S. Inc., 1217 St. Paul St.

V S 151

85 ✓

NOT 52

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

NOT 52



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

610 52 1635

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1635
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George R. Grove

2. DATE
OF
DEATH

2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Prince George's

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

LAUREL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6637

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3/28/10

9. AGE (In years last birthday)

42

If Under 1 Year Months

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

BENJAMIN GROVE

14. MOTHER'S MAIDEN NAME

Appelonia Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Virginia Grove, Laurel, Md.

18.

581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Heart failure

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Portal cirrhosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

thoracentesis - 2100 cc fluid.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/18/52, 1952, to 2/19, 1952, that I last saw the deceased alive on 2/19, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Shamir

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chl 02831

Huntington Williams, M.D.

Hunt & Ryon, Waldorf, Md.

FEB 20 1952

102 520001634

124B

STATE OF DEAR

B-532 52 1636

52 1636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

RUDOLPH ALEXANDER BOUNDS

2. DATE
OF
DEATH

2/16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Suthwan Hospital*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*Hb Suthwan Hospital of Md.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto**15-02*

D. STREET ADDRESS (If rural, give location)

1405 N. Fulton Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.*

8. DATE OF BIRTH

*6/21/1894*9. AGE (in years
last birthday)*57*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Steam fitter*10B. KIND OF BUSINESS OR
INDUSTRY*Bldg. Constr.*

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

John H. Bounds

14. MOTHER'S MAIDEN NAME

*Mary C. Schatz*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*yes**World War No. 1*16. SOCIAL
SECURITY NO.*218-03-6175*

17. INFORMANT

Mrs. Lucille M. Bounds - 1405 N. Fulton Ave

ADDRESS

Ave

18.

331X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardiac hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Bleeding tendency

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH*12 hrs.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/11/52* 19*52*, to *2/16* 19*52*, that I last saw the
deceased alive on *2/16* 19*52*, and that death occurred at *3:35* p.m., from the causes and on the date stated above.

23A. SIGNATURE

James Medaris

23B. ADDRESS

Suthwan Hospital

23C. DATE SIGNED

2/16/52

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/20/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 2/20/52 J. Lickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1952

*189 5 26 55**574 24 3 5**Balto Md.**83a*

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EXAMINATION OF THE EVIDENCE

1. The evidence is as follows:

(a) The evidence of the witness is as follows:

(b) The evidence of the witness is as follows:

(c) The evidence of the witness is as follows:

(d) The evidence of the witness is as follows:

(e) The evidence of the witness is as follows:

(f) The evidence of the witness is as follows:

(g) The evidence of the witness is as follows:

(h) The evidence of the witness is as follows:

(i) The evidence of the witness is as follows:

(j) The evidence of the witness is as follows:

(k) The evidence of the witness is as follows:

(l) The evidence of the witness is as follows:

(m) The evidence of the witness is as follows:

(n) The evidence of the witness is as follows:

(o) The evidence of the witness is as follows:

(p) The evidence of the witness is as follows:

(q) The evidence of the witness is as follows:

(r) The evidence of the witness is as follows:

(s) The evidence of the witness is as follows:

(t) The evidence of the witness is as follows:

(u) The evidence of the witness is as follows:

(v) The evidence of the witness is as follows:

(w) The evidence of the witness is as follows:

(x) The evidence of the witness is as follows:

(y) The evidence of the witness is as follows:

(z) The evidence of the witness is as follows:

(aa) The evidence of the witness is as follows:

(ab) The evidence of the witness is as follows:

(ac) The evidence of the witness is as follows:

Lewis H. Baugher
201 Washington St.
Cambridge, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1638
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FANNIE HIKEN

2. DATE
OF
DEATH

2-19-54

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI HOSPITAL

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-05

D. STREET ADDRESS (If rural, give location)

1632 E. Baltimore Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 12, 1895

9. AGE (In years

last birthday)

56

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Holzswig

14. MOTHER'S MAIDEN NAME

Rose Lipsitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Stanley Hiken 1646 E. Baltimore St.

18.

470.0 and 154X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) ACUTE MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Arteriosclerotic Ht Disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of rectum

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

☐

NOT WHILE AT WORK

☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1954, to 2-19, 1954, that I last saw the deceased alive on 2-19, 1954, and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Charlotte M. Eberhardt

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

2-19-54

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-20-52

24C. NAME OF CEMETERY OR CREMATORY

Mickro-Kodesh

24D. LOCATION (City, town, or county)

Herring Run Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

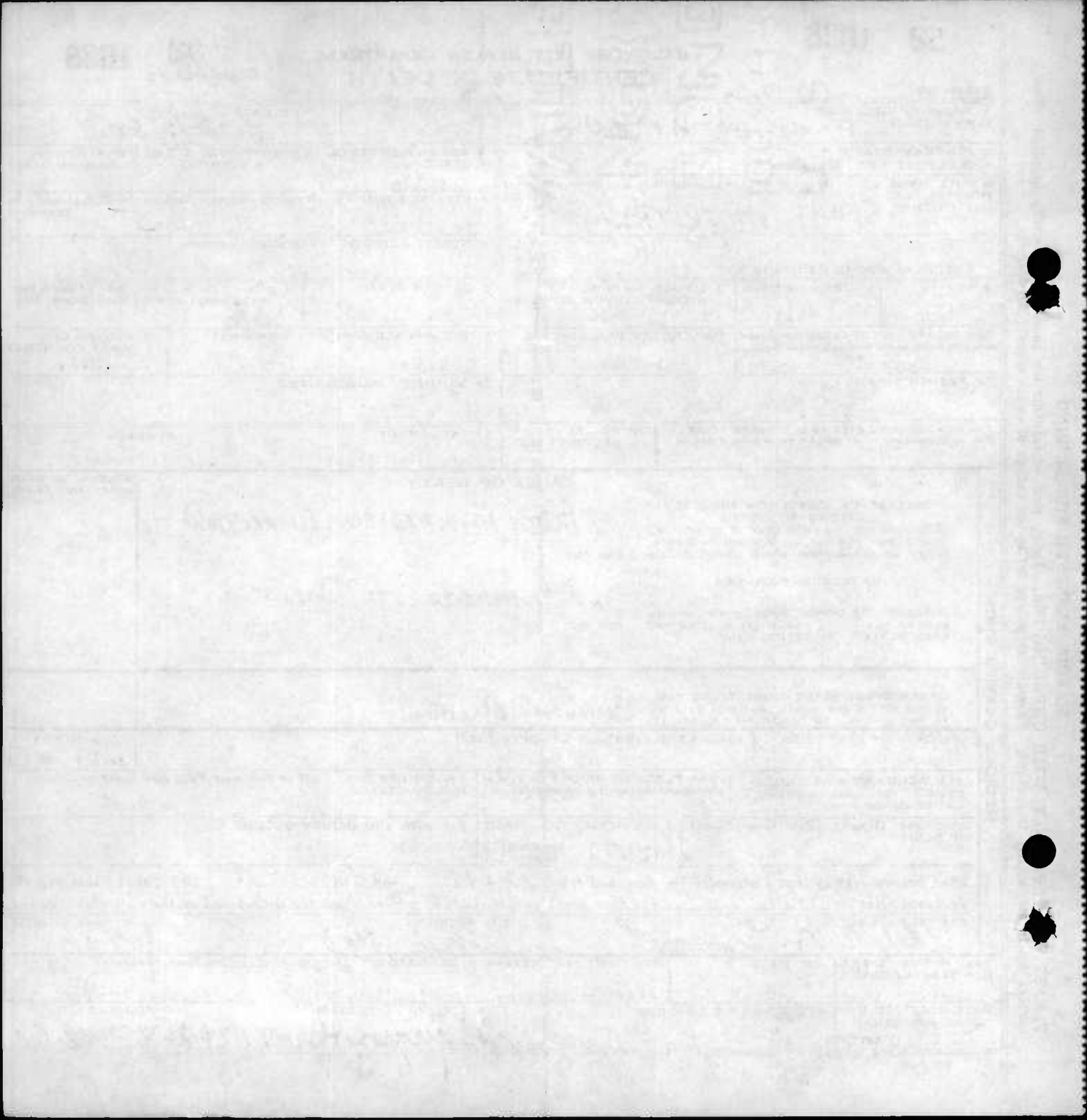
FEB 20 1952

Huntington Williams, M.D. Sol Levinson & Bros. 1124-26 W. North Ave

VS 150

109520001637

467



52 1639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1639

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Felix E Kielski*2. DATE
OF
DEATH*Feb. 18/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1747 E. Pratt St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

*Md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**2-02*

D. STREET ADDRESS (If rural, give location)

1747 E. Pratt St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 hours
Hours Min.*Male**White**Widowed**72*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?*Carpenter**Poland*

13. FATHER'S NAME

Const.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sophie E Kielski

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *CARCINOMA OF STOMACH*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*July 1951*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 10*, 1952, to *Feb 18*, 1952, that I last saw the
deceased alive on *Feb 18*, 1952, and that death occurred at *6:45 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Jeff F. Drenza

23B. ADDRESS

209 S. Chester St

23C. DATE SIGNED

*2/20/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

*Buried**Feb. 21/52**Sacred Heart of Mary Baltimore*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 20 1952**Huntington Williams, M.D.**Fred W. Dzaguzski*

VS 150

51024

1950 E. 2nd Ave. 46B

M-236 52 1640

ARCHIBOLD - METAYRE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1640

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MCTYRE Archibald

2. DATE
OF
DEATH

2-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

5 Magnitude are Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Catonville 5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5 Magnitude are

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter Builder

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

B F McTye

14. MOTHER'S MAIDEN NAME

Kate Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Record

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro Vascular Accident

3 1/2 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Anteriorly located cerebral vas. dis.
and
hypertension

(C) ?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Gastrointestinal bleeding cause unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1952, to 2-19, 1952, that I last saw the
deceased alive on 2-19, 1952, and that death occurred at 4:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Fitzgerald

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

2/20/52 Burial Shroud Bridge Park Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1952

Huntington Williams, M.D.

Max Yarb-Low

VS 150

937

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1940

RECEIVED

1940

1940

1940

1940

1940

1940

1940

1940

1940

1940

1940

1940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY K BELLIN

2. DATE
OF
DEATH

2-19-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland 4612 Park Hgts Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)

60 Mt Sinai Home

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

27-16

o. STREET ADDRESS (If rural, give location)

2821 OAKFORD AVE

c. Length of stay in Baltimore

50

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years

76

Months: Days

H Under 1 Year

H Under 24 Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UPHOLSTERY

10b. KIND OF BUSINESS OR INDUSTRY

FURNITURE

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

KALMAN

14. MOTHER'S MAIDEN NAME

SONIG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-10-7204

17. INFORMANT

HARRY BELLIN -

ADDRESS

5946

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pneumonia
Bacterial pneumonia
disease with congestion

INTERVAL BETWEEN ONSET AND DEATH

3 days.
4 years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Paraplegia -
arteriosclerosis

2 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to Feb 19, 1952 that I last saw the deceased alive on Feb 19, 1952 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Richard K. Kolman

M. D.

23b. ADDRESS

3700 Park Heights Ave

23c. DATE SIGNED

Feb 20 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/20/1952

24c. NAME OF CEMETERY OR CREMATORY

Windsor Mill Rd

24d. LOCATION (City, town, or county)

BALTO

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

St. Louis Ave

ADDRESS

2100 Eutaw Pl

WATER
IN
THE
STATE
OF
ALABAMA
FOR
THE
YEAR
1911



52 1642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1642

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred L. Rhine

2. DATE
OF
DEATH

Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1036 GREENMOUNT AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

1036 Greenmount Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE, 10-01

D. STREET ADDRESS (If rural, give location)

1036 Greenmount Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb 3, 1937

9. AGE (In years last birthday)

15 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Girl

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lonaconing Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Rhine

14. MOTHER'S MAIDEN NAME

Mildred R. Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mr. John H. Rhine 1036 Greenmount Ave

ADDRESS

18. 401.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Cardiac failure

DUE TO Acute rheumatic fever

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ch Rheumatic Heart Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/14, 1952, to 2/18, 1952, that I last saw the deceased alive on 2/18, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Hornstein

23B. ADDRESS

204 E. Butler St

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 23, 52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles W. Perkins

ADDRESS

924 E Eager

3/27/52 ES

was the Ch. R.H. and accompanied
to action K.F. at the time of death

anxiety, present - a chronic condition?

52 1643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1643
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Parker ELEAZA PARKER

2. DATE
OF
DEATH

2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

1716 Druid Hill Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 10, 1893

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Washington

14. MOTHER'S MAIDEN NAME

Malinda Lyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William A. Parker 1716 Druid Hill

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D.

23C. DATE SIGNED

2-17-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-21-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. J. A. Hendley

ADDRESS

578

V S 151

93D

St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

State of New York

County of ...

City of ...

...

...

...

...

...

...

...

...

...

THE JOHNS HOPKINS HOSPITAL

52 1645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1645

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA CLORA GREEN

2. DATE
OF
DEATH

February 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore 25.Yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

m. Carroll. Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

2/2/1913.

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.

39

17

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Alice Taylor. Md.

17. INFORMANT

Washington Green. 865. Fayette St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

CAUSE OF DEATH

(A) Lobar Pneumonia -right lower lobe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/52.

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Westport, Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Jackson

ADDRESS

916 Penna Ave. Balt. Md.

VS 151

7121 82

7121 82



MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

52 1646

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1646
Registered No.

BIRTH NO. 52-04107

1. NAME OF DECEASED (Type or Print) <i>Baby Liel Kramer</i>			2. DATE OF DEATH <i>8-19-52</i>		
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Baltimore, Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>40 St Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md 5300</i>		
c. Length of stay in Baltimore <i>1 day</i>			D. STREET ADDRESS (If rural, give location) <i>Montgomery & Hated Rd</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>8-18-52</i>		9. AGE (In years last birthday) <i>1 day</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>St Agnes St. Balto Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>
13. FATHER'S NAME <i>John Kramer</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Schenck</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT ADDRESS		

18. <i>767.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Atelectasis</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Prematurity</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-18-1952</i> to <i>2-19-1952</i> , that I last saw the deceased alive on <i>2-19-1952</i> and that death occurred at <i>12:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph S. Andrus</i> M. D.		23B. ADDRESS <i>St. Agnes Hosp</i>		23C. DATE SIGNED <i>2-19-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/20/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Johns Cem. Callicott City, Md.</i>	
24D. LOCATION (City, town, or county) (State) <i>Callicott City, Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 20 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Easton Sons</i>		24H. ADDRESS <i>Callicott City</i>		24I. 159 Md.	

Assets		Liabilities	
Cash		Capital	
U.S. Bonds		Reserves	
State Bonds		Deposits	
City Bonds		Notes	
Foreign Bonds		Other	
Real Estate			
Other Assets			
Total		Total	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1647
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

BARNES

2. DATE
OF
DEATH

February 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

621 E. 28th Street

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

621 E. 28th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 21, 1873

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Nva

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Martha Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Lucy Barnes 621 E. 28th St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Arteriosclerotic Cardiovascular

(A)

Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

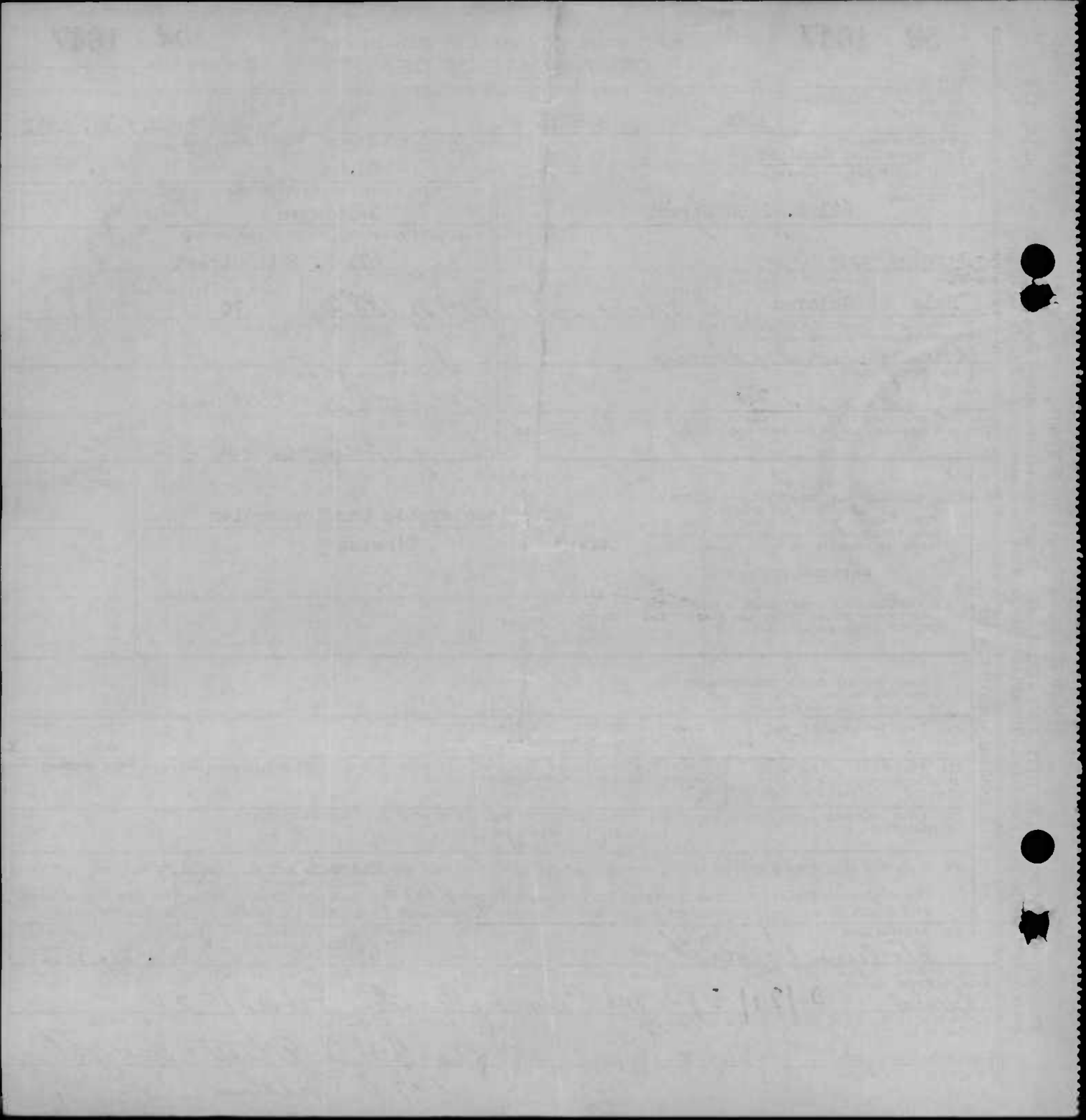
FEB 20 1952
VS 151

Huntington Williams

Mrs. G. G. Elliott, Daughter

97099

1129 N. Caroline St. 937



52 1648

52 1648

ND-155964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Evans

2. DATE

OF

DEATH Feb. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

2 Yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1705 N. Bond St. (13)

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1928

9. AGE (In years last birthday)

23

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sardine

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Howard Evans

14. MOTHER'S MAIDEN NAME

Louise Crosby (Louise Crosley)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Idiopathic myocarditis

DUE TO

1 Month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24, 1952, to 2-18, 1952 that I last saw the deceased alive on 2-18, 1952, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 22/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Towington Conn.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mr. Robert G. Elliot, Daughter

ADDRESS

94055 9124 N Caroline St

93B

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PLAIN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1947-1948

CONFIDENTIAL

ALVA

CONFIDENTIAL

[illegible]

52 1650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1650
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Louise Kalinowski

2. DATE
OF
DEATH

2/18/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-02

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

111 N. Montford Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 18, 1887

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Bushman

14. MOTHER'S MAIDEN NAME

Jennie Strohmeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aortic Regurgitation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aortic Insufficiency

DUE TO

(C) Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/15/52

19B. MAJOR FINDINGS OF OPERATION

Thoracentesis → PLEURAL Effusion

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1952, to 2/18, 1952, that I last saw the
deceased alive on 2/17/52, 1952, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. Ramirez

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2/18/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 22-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Miller

ADDRESS

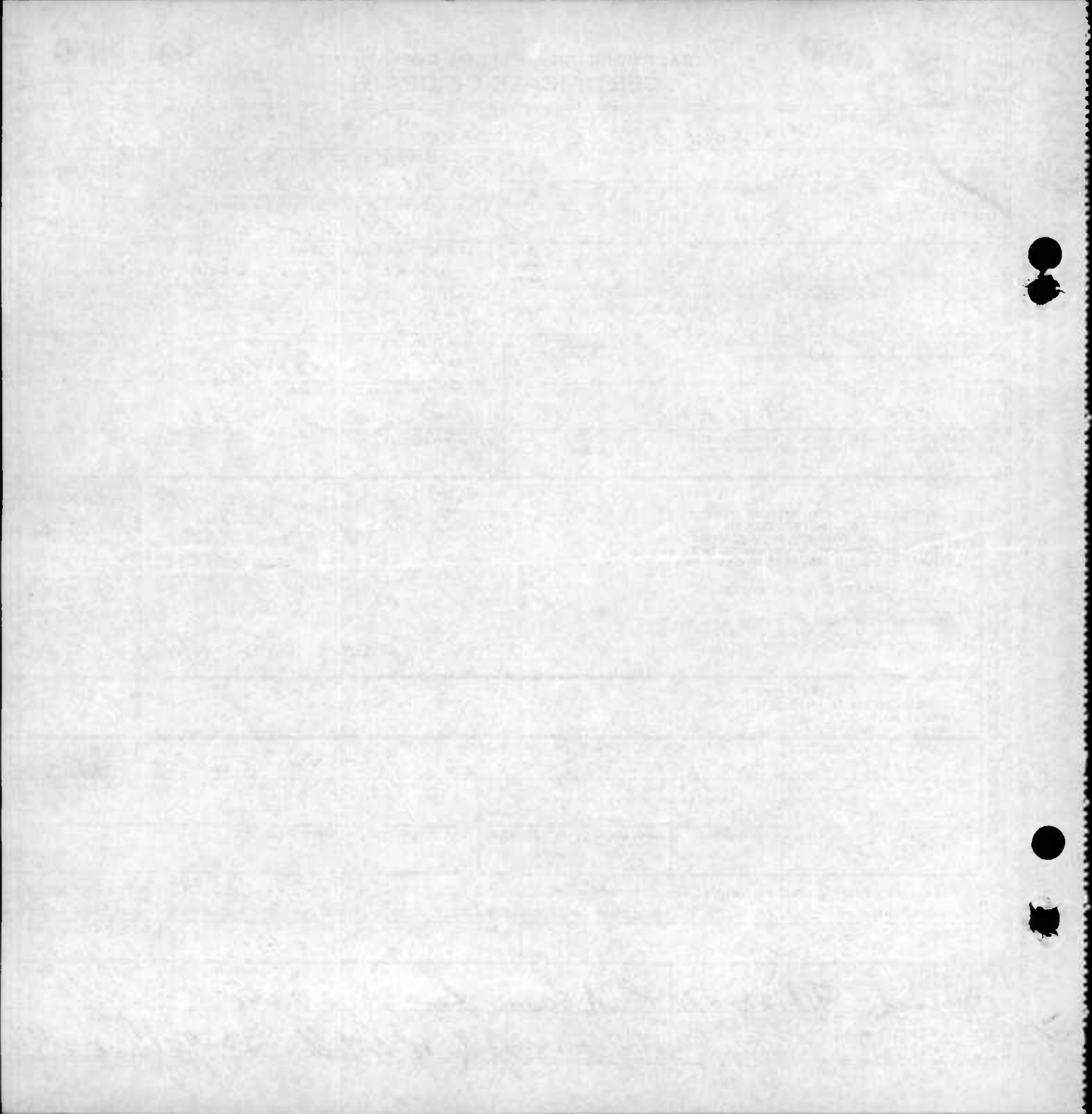
2334 Jefferson St.

VS 150

92a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1651
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

HILL

2. DATE
OF
DEATH

February 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY Prince George's

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Haydettsville, Md.

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Visiting 1545 N. Gilmor St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

July 2, 1865

9. AGE (In years last birthday)

86

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Laura Albritton 1545 N. Gilmor St

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarct

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aneurysm of Left Ventricle with Rupture and Hemopericardium

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Boudry

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

2/23/52

24C. NAME OF CEMETERY OR CREMATORY

Hyattstown, Md.

24D. LOCATION (City, town, or county)

Hyattstown, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St

ADDRESS

VS 151

Geo. G. Kelson

96

1881

80

1881

80

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PLAIN, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1652

BALTIMORE CITY HEALTH DEPARTMENT

52 1652

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <u>Lucille B. Watts</u>		1. NAME OF DECEASED (Type or Print) <u>Lucille B. Watts</u>		2. DATE OF DEATH <u>Feb. 17-1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>509 Robert St</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>St</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Md 14-03</u>			
C. Length of stay in Baltimore <u>Life time</u>		D. STREET ADDRESS (If rural, give location) <u>509 Robert St</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 6-1896</u>	9. AGE (In years last birthday) <u>55</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>George A. Brown</u>		14. MOTHER'S MAIDEN NAME <u>Mary Moquette</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFANT ADDRESS <u>Lucille W. Gibson 1503 N. Bayview St</u>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>470.1 I</u>		CAUSE OF DEATH (A) <u>Cornary disease of heart</u> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-14-1952</u> to <u>2-17-1952</u> , that I last saw the deceased alive on <u>2-17-1952</u> and that death occurred at <u>8:45 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>John E. J. Campbell</u>		23B. ADDRESS <u>639 N. Carey St</u>		23C. DATE SIGNED <u>2-19-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 21-1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, Robert W. Williams & 15 McElroy St</u>			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1653

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **STEWART D. Adams** 2. DATE OF DEATH **2-19-52**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE**

943 SOMERSET ST.

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

943 SOMERSET ST.

5. SEX **M**

6. COLOR OR RACE **C**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **3-3-1933**

9. AGE (In years last birthday) **18**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **BALTO, MD**

12. CITIZEN OF WHAT COUNTRY? ☒

LABORER

WAREHOUSE

13. FATHER'S NAME **CLIFTON ADAMS**

14. MOTHER'S MAIDEN NAME **CLARA CHAMBERS**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS **CLARA ADAMS 943 SOMERSET ST.**

18. **491X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Broncho-Pneumonia**
DUE TO
(B) **Acute dilatation of Heart**
DUE TO
(C) _____

2 days
12

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **2-17**, 19**52** to **2-19**, 19**52**, that I last saw the deceased alive on **2-19**, 19**52**, and that death occurred at **11:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Wm. L. Roy Berry**

23B. ADDRESS **1420 E. Chase**

23C. DATE SIGNED **2-20-52**

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24B. DATE **2-23-52**

24C. NAME OF CEMETERY OR CREMATORY **MT. CALVARY**

24D. LOCATION (City, town, or county) (State) **A.A. County, MD**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE **Huntington Williams**

25. FUNERAL DIRECTOR

ADDRESS **1304 N. Central Ave**

VS 150

97053

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PLAIN, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEAL 52

52 100



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1654

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

60 Bar-Wil-Bar Convalacment Hse Balto.

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/17, 1952 to 7/18, 1952, that I last saw the deceased alive on 7/17, 1952, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FFB 201952

H. J. Williams

Mrs. Kate R. Williams

Schneider St.

121

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

121

RECEIVED
FBI
JAN 10 1964



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1655**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maria Robinson

2. DATE
OF
DEATH

Feb. 17, 1952

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2812 Auchentoroly Terrace

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2812 Auchentoroly Terrace

C. Length of stay in Baltimore

41 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 21, 1888

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Fayetteville, N. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Brown

14. MOTHER'S MAIDEN NAME

Lucy Hargrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Mary Jones

ADDRESS

2812 Auchentoroly Terrace

18. **443 X 1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive Heart Failure**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 Months

ANTECEDENT CAUSES

(B) **AHCVD**

DUE TO

?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Nov. 11, 1951** to **Feb. 17, 1952** that I last saw the deceased alive on **Feb. 16, 1952** and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

George McDonald

M. D.

23B. ADDRESS

844 N. Carey St. Baltimore

23C. DATE SIGNED

2/18/52

24A. BURIAL CREMATION REMOVAL (Specify)

Burial

24B. DATE

Feb. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home-1631 Druid Hill Ave.

VS 150

937 Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

1873

Real



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1656
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James A. Bowling

2. DATE

OF
DEATH Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US Public Health Service Hospital

Wyman Pl. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2314 W Lanvale St.

57
c. Length of stay in Baltimore ?Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 11, 1889

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mail handler P. O.

10B. KIND OF BUSINESS OR INDUSTRY
Post Office employee

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Records- US PHS Hospital, Balto, Md.

ADDRESS

18.

330X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral infarction with subarachnoid hemorrhage.

DUE TO

Approx. 17 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, generalized

DUE TO

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1952, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 10:20 AM from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
DATE RECEIVED BY LOCAL REGISTRARFeb. 22, 1952
REGISTRAR'S SIGNATURE

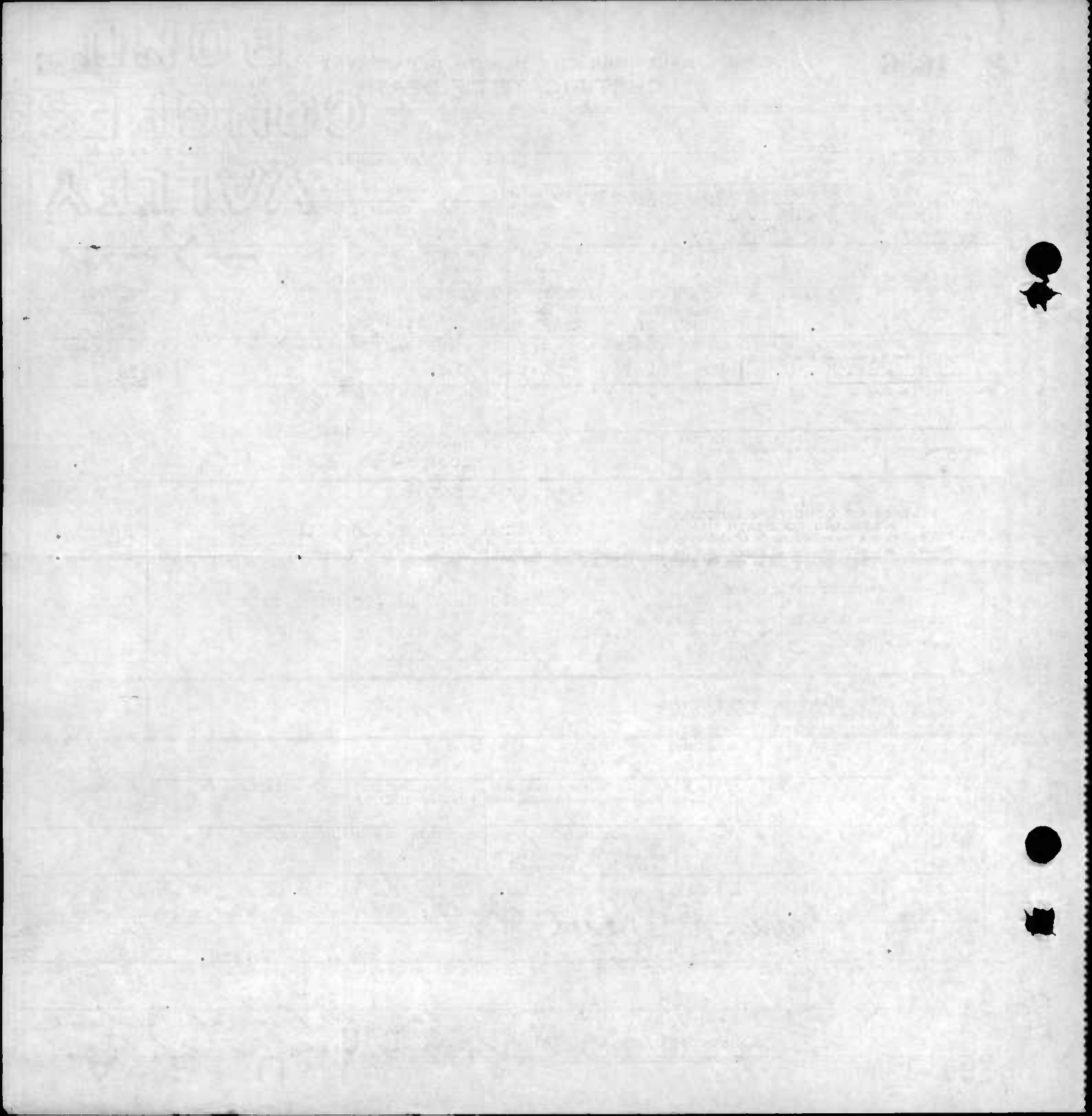
Mt. Auburn

Baltimore Co., Md.
FUNERAL DIRECTOR

FEB 20 1952

39090

83a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1657
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH BAKER

2. DATE OF DEATH

2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

10-00

B. FULL NAME OF HOSPITAL OR INSTITUTION

1216 E. MADISON ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1216 E. MADISON ST.

c. Length of stay in Baltimore

24

5. SEX

F

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

3/15/95

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

RICHARD JACKSON

14. MOTHER'S MAIDEN NAME

CARRIE ROBINSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

708 N. EDDEN ST. Sarah Johnson

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

HEPATIC CIRRHOSIS

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

FAR ADV. GASTRIC CARCINOMA 2YR.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mid-line paracentesis wound 9 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/31** 19**52** to **2/19** 19**52**, that I last saw the deceased alive on **2/10** 19**52**, and that death occurred at **8:20** a. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Williams II, M. D.

23B. ADDRESS

1113 N. CAROLINE ST.

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

FEB 20 1952

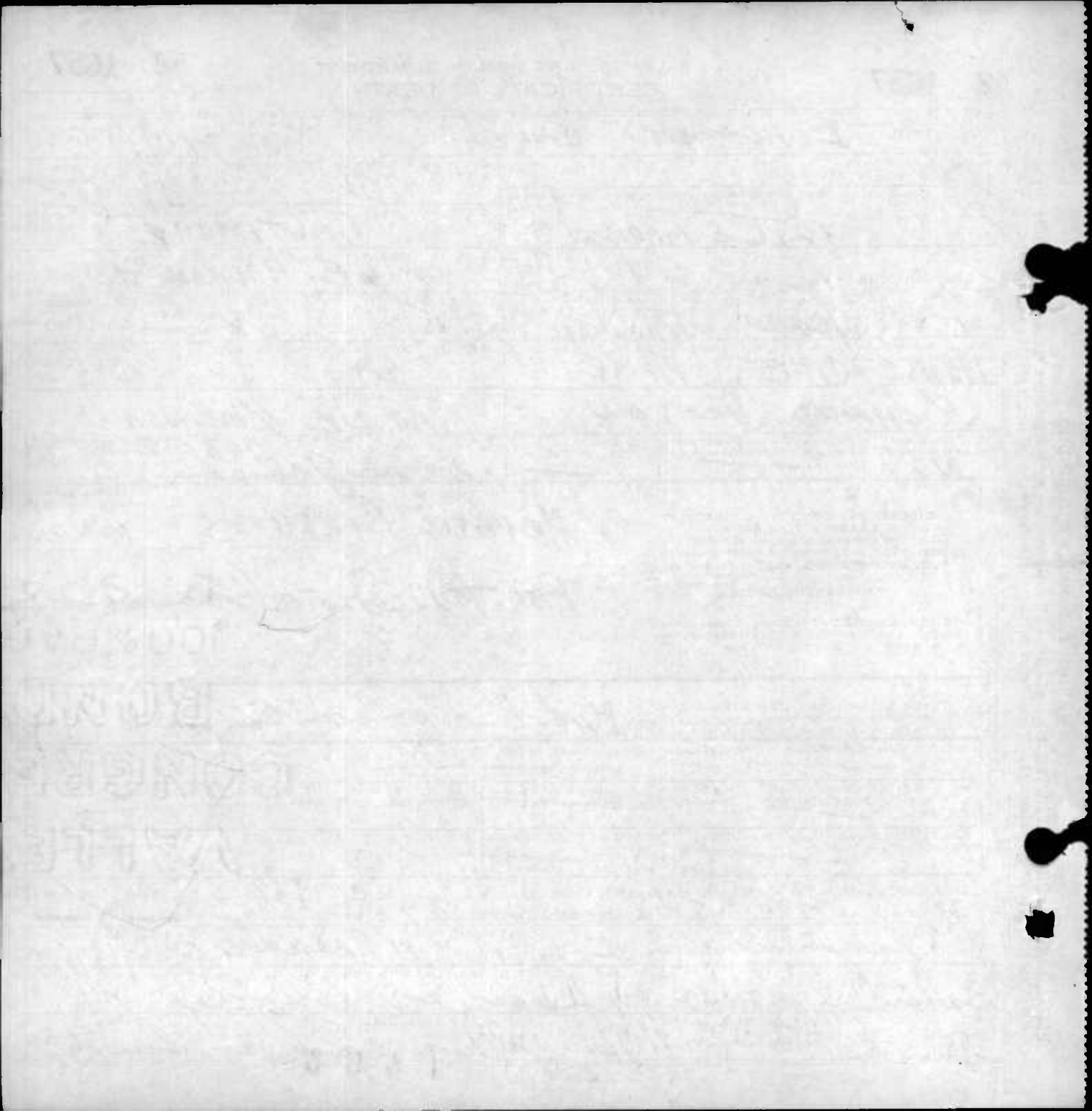
Huntington Williams, M.D. 1000 Beantley Ave

VS 150

46B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1658

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Manning

2. DATE
OF
DEATH

February 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

423 Forrest St.

c. Length of stay in Baltimore 27 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3-20-88

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Roland N.C.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Daniel Manning

14. MOTHER'S MAIDEN NAME

Charity

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
217-18-6921

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 442X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Hypertensive renal disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1952, to 2-17, 1952 that I last saw the deceased alive on 2-17, 1952, and that death occurred at 9:25 P.M., from the causes and on the date stated above.

23. SIGNATURE

H. J. Langford

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvery Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. J. P. Wilson

ADDRESS

1000 Bunker

THE JOHNS HOPKINS HOSPITAL

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1659**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

EZEKIEL TAYLOR

 2. DATE
OF
DEATH

Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

 US Public Health Service Hospital
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1013 N. Arlington Avenue

C. Length of stay in Baltimore

?

 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

5/13/80

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AB seaman

10B. KIND OF BUSINESS OR INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Allen Taylor

14. MOTHER'S MAIDEN NAME

Luella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Records- US PHS Hospital, Balto, Md.

ADDRESS

18.

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Bronchopneumonia, confluent, left lower lobe

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of rectum

Unknown

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 29, 1951, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1952

H. W. Sullivan Jr.

1011 N. Arlington Ave

46D

VS 150

673 55

1011 N. Arlington Ave 46D

0001 32

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

0001 32

32 01 00

.brw

0001 32

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

0001 32

0001 32

0001 32

0001 32

0001 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-530
52-1660
CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 52-1660
CERTIFICATE OF DEATH

Registered No. 52-1660

1. NAME OF DECEASED (Type or Print) BERNARD KENNEDY		2. DATE OF DEATH February 18, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1707 E. 25th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1890 July 10-1888
9. AGE (In years last birthday) 61 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Industrial	11. BIRTHPLACE (State or foreign country) Ireland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Industrial		10B. KIND OF BUSINESS OR INDUSTRY Alcohol - Tumor	12. CITIZEN OF WHAT COUNTRY? ?
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Marie Zettmeisl, Sherwood		ADDRESS 2825	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Compound comminuted fracture of skull DUE TO Compound comminuted fracture of skull		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ?		DUE TO ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. DATE OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) Street	
21C. WHERE DID INJURY OCCUR? Benhill & Pennington Streets		21D. TIME (Month) (Day) (Year) (Hour) Feb. 18, 1952 11:30 P.m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. Feb. 19, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-22-52	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1952		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR 5305 Bayford		ADDRESS 170c	

VS 151

N-803.2

680 46

0000 50

0000 50



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1661

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ROLAND R. SMITH2. DATE
OF
DEATHFEB. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONLUTHERAN HOSPITAL OF MD, INC.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMORE

c. Length of stay in Baltimore

49Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1041 DESOTO RD. #23

5. SEX

MALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

APRIL 15, 19029. AGE (in years
last birthday)49H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)SALESMAN10B. KIND OF BUSINESS OR
INDUSTRYAUTO

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Joseph R. Smith(A)

14. MOTHER'S MAIDEN NAME

Mary Phillips15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SARAH E. SMITH1041 DESOTO RD.18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial Infarction12 Hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardio-Vascular
Disease5 Yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1952, to Feb. 20, 1952, that I last saw the
deceased alive on Feb. 20, 1952, and that death occurred at 2:08 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Altman

M. D.

23B. ADDRESS

Luthan Hospital

23C. DATE SIGNED

Feb. 20/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

5305 Bayford

VS 150

1952-02-20
49865166093D

1941
Feb. 20, 1941

Richard R. Smith

Secretary

Western Division of the
National Association of Manufacturers

1041 Webster St.
New York 17, N.Y.

Dear Mr. Smith:

Enclosed for you are
two copies of the

Annual Report of the
National Association of Manufacturers

for the year 1940.

I am sure that you will find it
of interest.

X

Sincerely,
C. O. Johnson
President

100-1000-1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1662

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA G. ABELS

2. DATE
OF
DEATH

Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONLutheran Hospital of Maryland
Baltimore 16, MarylandYrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.D. and give township)

D. STREET ADDRESS (If rural, give location)

3020 Northway drive

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 16-1897

9. AGE (in years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Graf

14. MOTHER'S MAIDEN NAME

Elizabeth Rockensuss

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Edgar W. Abels same

ADDRESS

18.

59-2X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Chronic glomerular nephritis
with secondary hypertension
and cardiac enlargement
and anemia (marked)
(B) Pneumonia
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1951, to Feb. 19, 1952, that I last saw the
deceased alive on Feb. 19, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sue C. Macapangan

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

Feb. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Bald National Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Beck

ADDRESS

5305 Harford Rd

FEB 20 1952

VS 150

109 5200 01664

131R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1005

1005

1005 4 0 3 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

D.

325

52 1663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1663

BIRTH NO. *OK*

1. NAME OF DECEASED
(Type or Print)

Baby Boy Datson

2. DATE OF DEATH

Feb. 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Glenburnie Furnace Creek Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ivan Datson

14. MOTHER'S MAIDEN NAME

Alice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Prematurity*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

7 1/2 h

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/15*, 19*52*, to *2/15*, 19*52*, that I last saw the deceased alive on *2/15*, 19*52* and that death occurred at *7:00 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

J. R. Summers M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

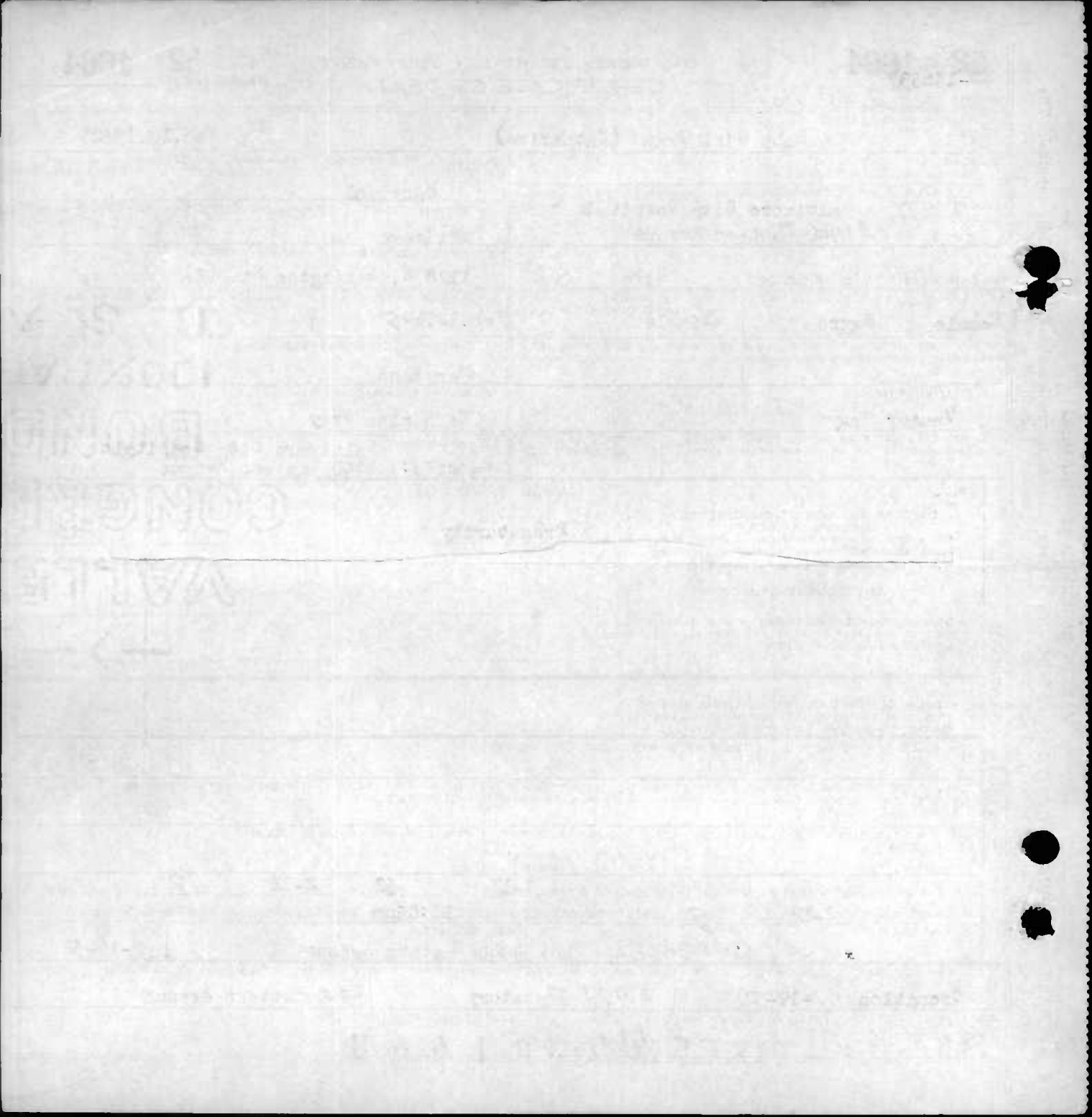
Hospital Disposed

159

THE JOHNS HOPKINS HOSPITAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1664**

1. NAME OF DECEASED (Type or Print) Baby Girl Gray (Catherine)		2. DATE OF DEATH Feb. 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1128 E. Lexington St. (2)	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 12, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 5 30	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Vester Gray		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Catherine Gray	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO			
19A. DATE OF OPERATION 2-12		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-12 , 19 52 , to 2-12 , 19 52 , that I last saw the deceased alive on 2-12 , 19 52 , and that death occurred at 12:10 pm , from the causes and on the date stated above.			
23A. SIGNATURE A. A. Rogers		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 2-19-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 2-19-52	
24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR 1 6 6 3		ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52-1665BIRTH NO. 52-021851. NAME OF DECEASED
(Type or Print)

Beverly Jean Jackson

2. DATE
OF
DEATH

Feb. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR HOSPITAL OR INSTITUTION

Baltimore City Hospital

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1307 Stockton St. (17)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 28, 1952

9. AGE (In years
last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Iverson (Walter Inerson)

14. MOTHER'S MAIDEN NAME

Gertrude Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 75-4.4 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

DUE TO

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1952, to 2-4, 1952 that I last saw the
deceased alive on 2-4, 1952, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

2-7-52

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

4940 Eastern Avenue

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. S. Rogers, M.D.
4940 Eastern Avenue

CERTIFICATE OF DEATH

BRITISH COLUMBIA DEPARTMENT OF HEALTH

1961

1. Name of Deceased		2. Sex		3. Date of Birth		4. Date of Death		5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death		9. Signature of Registrar		10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer		13. Signature of Other		14. Signature of Other		15. Signature of Other		16. Signature of Other		17. Signature of Other		18. Signature of Other		19. Signature of Other		20. Signature of Other		21. Signature of Other		22. Signature of Other		23. Signature of Other		24. Signature of Other		25. Signature of Other		26. Signature of Other		27. Signature of Other		28. Signature of Other		29. Signature of Other		30. Signature of Other		31. Signature of Other		32. Signature of Other		33. Signature of Other		34. Signature of Other		35. Signature of Other		36. Signature of Other		37. Signature of Other		38. Signature of Other		39. Signature of Other		40. Signature of Other		41. Signature of Other		42. Signature of Other		43. Signature of Other		44. Signature of Other		45. Signature of Other		46. Signature of Other		47. Signature of Other		48. Signature of Other		49. Signature of Other		50. Signature of Other		51. Signature of Other		52. Signature of Other		53. Signature of Other		54. Signature of Other		55. Signature of Other		56. Signature of Other		57. Signature of Other		58. Signature of Other		59. Signature of Other		60. Signature of Other		61. Signature of Other		62. Signature of Other		63. Signature of Other		64. Signature of Other		65. Signature of Other		66. Signature of Other		67. Signature of Other		68. Signature of Other		69. Signature of Other		70. Signature of Other		71. Signature of Other		72. Signature of Other		73. Signature of Other		74. Signature of Other		75. Signature of Other		76. Signature of Other		77. Signature of Other		78. Signature of Other		79. Signature of Other		80. Signature of Other		81. Signature of Other		82. Signature of Other		83. Signature of Other		84. Signature of Other		85. Signature of Other		86. Signature of Other		87. Signature of Other		88. Signature of Other		89. Signature of Other		90. Signature of Other		91. Signature of Other		92. Signature of Other		93. Signature of Other		94. Signature of Other		95. Signature of Other		96. Signature of Other		97. Signature of Other		98. Signature of Other		99. Signature of Other		100. Signature of Other	
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-323 52-03355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1666

BIRTH NO. 52 1666		1. NAME OF DECEASED (Type or Print) <i>Baby Boy Stockton</i>		2. DATE OF DEATH <i>Feb. 13, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-32</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2823 N. Denham Circle</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>2-7-52</i>	9. AGE (In years last birthday) <i>5</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
13. FATHER'S NAME <i>Frank Stockton</i>		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>768.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 d.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Sepsis</i>		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/7</i> , 19 <i>52</i> , to <i>2/13</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2/13</i> , 19 <i>52</i> , and that death occurred at <i>8:25 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. R. Simmons</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Boy's Orphan</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 20 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

104520301665

THE JOHNS HOPKINS HOSPITAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1667

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Laura Bell Hart Hansen2. DATE
OF
DEATH2-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Balto City COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2120 Mariel St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

2120 Mariel ST

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-1-1893

9. AGE (in years last birthday)

36

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Waco Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Vernon

14. MOTHER'S MAIDEN NAME

Annie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thomas Hart Hansen

18.

156.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Causes of Liver2 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1951, to Feb 17, 1952, that I last saw the deceased alive on Feb 22, 1952 and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1952Huntington Williams, M.D.Edward Toulson 2337 Wash Blvd

VS 150

520001666Balto Md46F

1901

SL 1

1901

SL 1



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1668**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin R. Dukes

2. DATE
OF
DEATH

Feb. 19, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
a. STATE **Md.** b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital (DOA)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

d. STREET ADDRESS (If rural, give location)
2807 Louise Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July -15-1886

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cyberman

10b. KIND OF BUSINESS OR
INDUSTRY

Sea Food Bus.

11. BIRTHPLACE (State or foreign country)

Girdletree, Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John C. Dukes

14. MOTHER'S MAIDEN NAME

Mary Benson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Ida M Beauchamp - Same

ADDRESS

18.

443 X 1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) **Hypertensive Arterio-
sclerotic Cardio-Vascular
Disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23c. DATE SIGNED
Feb. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-22-52

24C. NAME OF CEMETERY OR CREMATORY

Methodist Cem

24D. LOCATION (City, town, or county)

Girdletree, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Miss Blight, 6009 Bayford

ADDRESS

8001-54

15-1008

8001-54

15-1008



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1669

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Otterbach-Wilhelmina

2. DATE
OF
DEATH

Feb. 19 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore-Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Home For Incurables 7006-40th St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore-Md.

D. STREET ADDRESS (If rural, give location)

- 40th & Keswick Rd.

c. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 1 - 1869

9. AGE (in years last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

maid (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore-Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John George Otterbach

14. MOTHER'S MAIDEN NAME

Henrietta Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Laura Fischer - Home For Incurables

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(b) Arteriosclerosis (Generalized)

12 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(c) Hypertension (Essential)
(a) Pneumonia14 years
8 DaysII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 29, 1950 to Feb. 19, 1952 that I last saw the deceased alive on Feb. 18, 1952 and that death occurred at 1:30 a m., from the causes and on the date stated above.

23A. SIGNATURE

W. Grafton Hersperger

23B. ADDRESS

214 Medical Art Bldg

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City (town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

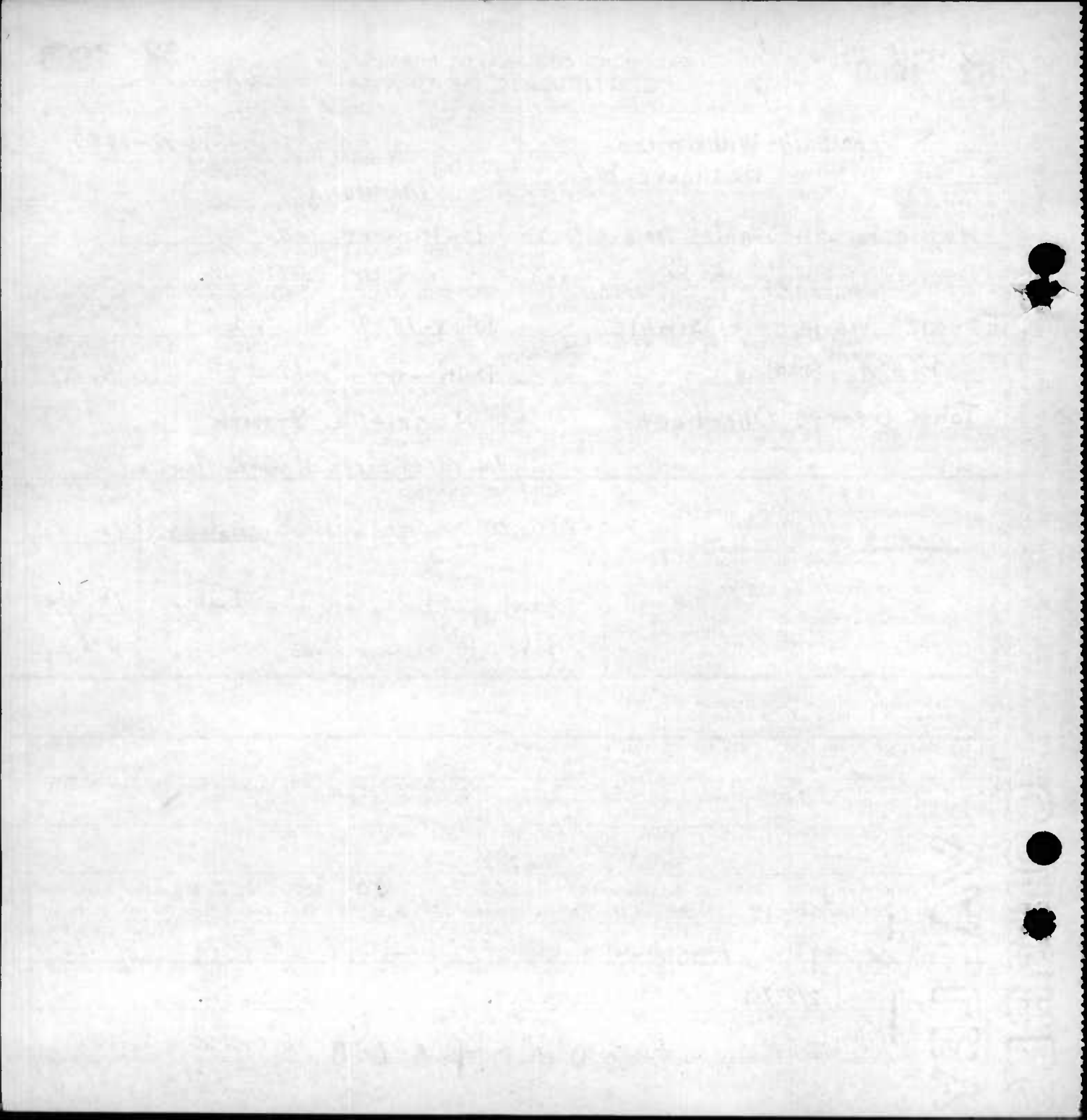
25. FUNERAL DIRECTOR

26 Mr. J. L. Lickner & Sons

ADDRESS

97 Balto 17 Md.

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1670

BIRTH NO. <u>655</u> <u>52 1670</u>			
1. NAME OF DECEASED (Type or Print) <u>ANNIE B. VERNON</u>		2. DATE OF DEATH <u>Feb. 18, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>2101</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>750 Ramsay St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>750 Ramsay St.</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 12, 1872</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <u>79</u>
13. FATHER'S NAME <u>John Smith</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <u>no</u>		14. MOTHER'S MAIDEN NAME <u>Anna B. ?</u>	
17. INFORMANT <u>Mrs. Myrtle Erbe - 833 Wash. Blvd.</u>		ADDRESS	
18. <u>260X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Mycocarditis</u> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 hr</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertension</u> (B) DUE TO <u>Diabetes</u> (C)		<u>9 1/2 hr</u> <u>9 1/2 hr</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 19, 1947</u> to <u>Feb 18, 1952</u> , that I last saw the deceased alive on <u>Feb 15, 1952</u> , and that death occurred at <u>3:25 A. m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Don Gates</u>		23B. ADDRESS <u>517 Scott St.</u>	
23C. DATE SIGNED <u>Feb 19/52</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/21/52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park</u>		24D. LOCATION (City, town, or county) (State) <u>Balto, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 20 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams M.D.</u>	
FUNDAL DIRECTOR <u>Wm. J. Vickner</u>		ADDRESS <u>61 Balto Md.</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1671

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE MARK BAILEY, Sr.

2. DATE
OF
DEATH

Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US Public Health Service Hospital
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4 West 26th Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/16/81

9. AGE (In years last birthday)

70

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Investigator

10B. KIND OF BUSINESS OR INDUSTRY

Credit

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

? Bailey

ASSN.

14. MOTHER'S MAIDEN NAME

Anna Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

?

16. SOCIAL SECURITY NO.

?

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18.

470.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Arteriosclerotic heart disease

Unknown

DUE TO

ANTECEDENT CAUSES

(B)

Acute coronary thrombosis

Recent

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Pulmonary edema

Recent

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 18, 1952, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE OF BURIAL

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY REGISTRAR

FEB 20 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Vickers & Sons

ADDRESS

937 Balto, Md

195

19

UNITED STATES OF AMERICA

195

JOURNAL

BOOK

CONTENTS

WATER



T-52 520 1672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1672

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MATTIE THOMAS			2. DATE OF DEATH 2/17/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MD b. COUNTY Anne Arundel		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 37 MERCY Hosp			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Edge water		
c. Length of stay in Baltimore 80			d. STREET ADDRESS (If rural, give location) 5200		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8/15/71		9. AGE (in years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Thompson			14. MOTHER'S MAIDEN NAME MARY SCART		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT ADDRESS High Road		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute myocardial infarction DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/17 , 19 52 to 2/17 , 19 52 , that I last saw the deceased alive on 2/17 , 19 52 , and that death occurred at 2:35 p. m., from the causes and on the date stated above.					
23A. SIGNATURE C. C. Duke		23B. ADDRESS Maryland		23C. DATE SIGNED 2/17/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/21/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	

DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	ADDRESS 94a Balto Md
--	---	--	--------------------------------

CERTIFICATE OF DEATH

I hereby certify that on the 10th day of April 1914 at the City of New York, State of New York, died of the effects of a heart attack, a man named John Doe, aged 45 years, born on the 15th day of March 1869, at the City of New York, State of New York, and was a resident of the City of New York, State of New York, at the time of his death.

Witness my hand and the seal of the City of New York, this 11th day of April 1914.

Mayor of the City of New York

John Doe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 1673

52 1673

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)
FRANCESCO

CERTIFICATE CORRECTED

4-23-63

2. DATE
OF
DEATH

2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

37 MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6605 HARFORD RD

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 16, 1889

9. AGE (in years,
last birthday)

62

10. Under 1 Year
Months Days

6 3

11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

Bartender

11. BIRTHPLACE (State or foreign country)

Castroreale Rafia Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CARMELLO PRESCIMONE

14. MOTHER'S MAIDEN NAME

MARIA PRESTI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine F. Prescimone 6605 Harford Rd.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) RUPTURED DIVERTICULITIS?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18, 1952, to 2/19, 1952, that I last saw the
deceased alive on _____, 19____, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. M. Diggs

23B. ADDRESS

MERCY HOSP.

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 22 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walligues, M.D.

25. FUNERAL DIRECTOR

Shouk Della Croce 32 S. High St.

FEB 20 1952

VS 150

750 6M

123

Certificate of Citizenship #4470878 for
Francesco Prescimone dated May 9, 1938
in Baltimore, Maryland 4-23-63 M.H.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1674

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Katherine Lippel*2. DATE
OF
DEATH*Feb 19 - 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1813 N Port St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

*Baltimore Md*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*1813 N. Port St*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

*59 yrs*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1813 N Port St

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*Dec 16 1872*9. AGE (In years
last birthday)*79*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housework*10B. KIND OF BUSINESS OR
INDUSTRY*None*

11. BIRTHPLACE (State or foreign country)

*Germany*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Zinner

14. MOTHER'S MAIDEN NAME

*Katherine*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs Barbara Harvey**1813 N Port St*

18.

153 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Bronchus Pneumonia
Chronic Conca**2 d.
4 d.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Chronic Interlobar Nephritis**7 yrs.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

*Carcinoma Segment**1 yr.*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 17, 1952*, to *Feb. 19, 1952*, that I last saw the
deceased alive on *Feb. 19, 1952*, and that death occurred at *11 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. S. A. Stearns

M. D.

23B. ADDRESS

2878 Harford Rd

23C. DATE SIGNED

*2-20-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

2-22-52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTO, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 20 1952*

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

FRANK EVACHSON 900 N. CHESTER ST.



CERTIFICATE CORRECTED

3-4-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1675

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Kieffer

2. DATE
OF
DEATH

Feb. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fredrick

D. STREET ADDRESS (If rural, give location)

110 N. Benty St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-25-81

9. AGE (In years

last birthday)

70

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph C. Roulette

14. MOTHER'S MAIDEN NAME

Katharine Updegraff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1952, to 2/20, 1952, that I last saw the deceased alive on 2/20, 1952, and that death occurred at 1:35 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Julius C. Kierans

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

24D. LOCATION (City, town, or county)

Frederick, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. E. Chis & Son - Frederick, Md.

ADDRESS

FEB 21 1952

VS 150

46B

100-100000

DECLARATION OF DEATH

1. Name of deceased		2. Date of death	
3. Place of death		4. Cause of death	
5. Name of declarant		6. Signature of declarant	
7. Name of witness		8. Signature of witness	
9. Name of physician		10. Signature of physician	
11. Name of funeral home		12. Signature of funeral home	
13. Name of cemetery		14. Signature of cemetery	
15. Name of registrar		16. Signature of registrar	
17. Name of coroner		18. Signature of coroner	
19. Name of justice of the peace		20. Signature of justice of the peace	
21. Name of health officer		22. Signature of health officer	
23. Name of medical examiner		24. Signature of medical examiner	
25. Name of pathologist		26. Signature of pathologist	
27. Name of toxicologist		28. Signature of toxicologist	
29. Name of forensic scientist		30. Signature of forensic scientist	
31. Name of forensic psychologist		32. Signature of forensic psychologist	
33. Name of forensic psychiatrist		34. Signature of forensic psychiatrist	
35. Name of forensic anthropologist		36. Signature of forensic anthropologist	
37. Name of forensic archaeologist		38. Signature of forensic archaeologist	
39. Name of forensic linguist		40. Signature of forensic linguist	
41. Name of forensic artist		42. Signature of forensic artist	
43. Name of forensic photographer		44. Signature of forensic photographer	
45. Name of forensic videographer		46. Signature of forensic videographer	
47. Name of forensic interviewer		48. Signature of forensic interviewer	
49. Name of forensic investigator		50. Signature of forensic investigator	
51. Name of forensic analyst		52. Signature of forensic analyst	
53. Name of forensic scientist		54. Signature of forensic scientist	
55. Name of forensic psychologist		56. Signature of forensic psychologist	
57. Name of forensic psychiatrist		58. Signature of forensic psychiatrist	
59. Name of forensic anthropologist		60. Signature of forensic anthropologist	
61. Name of forensic archaeologist		62. Signature of forensic archaeologist	
63. Name of forensic linguist		64. Signature of forensic linguist	
65. Name of forensic artist		66. Signature of forensic artist	
67. Name of forensic photographer		68. Signature of forensic photographer	
69. Name of forensic videographer		70. Signature of forensic videographer	
71. Name of forensic interviewer		72. Signature of forensic interviewer	
73. Name of forensic investigator		74. Signature of forensic investigator	
75. Name of forensic analyst		76. Signature of forensic analyst	
77. Name of forensic scientist		78. Signature of forensic scientist	
79. Name of forensic psychologist		80. Signature of forensic psychologist	
81. Name of forensic psychiatrist		82. Signature of forensic psychiatrist	
83. Name of forensic anthropologist		84. Signature of forensic anthropologist	
85. Name of forensic archaeologist		86. Signature of forensic archaeologist	
87. Name of forensic linguist		88. Signature of forensic linguist	
89. Name of forensic artist		90. Signature of forensic artist	
91. Name of forensic photographer		92. Signature of forensic photographer	
93. Name of forensic videographer		94. Signature of forensic videographer	
95. Name of forensic interviewer		96. Signature of forensic interviewer	
97. Name of forensic investigator		98. Signature of forensic investigator	
99. Name of forensic analyst		100. Signature of forensic analyst	

STATE OF CALIFORNIA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1676BIRTH NO. 2 52
52 16761. NAME OF DECEASED
(Type or Print)Viola Washington2. DATE
OF
DEATHFeb. 20, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ind. BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONJONES HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Reisterstown

D. STREET ADDRESS (If rural, give location)

New Ave5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Negro

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

7-19-199. AGE (In years
last birthday)3211 Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co12. CITIZEN OF
WHAT COUNTRY?U.S.

13. FATHER'S NAME

Wm Payne

14. MOTHER'S MAIDEN NAME

Elizabeth Newton15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18.

330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Subarachnoid hemorrhage
DUE TOINTERVAL BETWEEN
ONSET AND DEATH3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO(C)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1952 to Feb. 20, 1952, that I last saw the
deceased alive on Feb. 20, 1952 and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Carol Y. Johnson

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

2/20/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Feb 23/52

24C. NAME OF CEMETERY OR CREMATORY

St Lukes

24D. LOCATION (City, town, or county)

Reisterstown Md.DATE RECEIVED BY
LOCAL REGISTRARFEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. F. Elmer Sons Reisterstown Md.

ADDRESS

[Faint, mostly illegible handwritten text and stamps are visible across the page. Some legible fragments include:]

[Top section:] This land is...
[Middle section:] ...
[Bottom section:] ...

[Faint stamps:] RECEIVED, MAY 1964, etc.

ORDER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1677
Registered No. 52 1677

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Effie May Amos</i>		2. DATE OF DEATH <i>Feb 18, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 15-10</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3804 Egerton Rd.</i>		D. STREET ADDRESS (If rural, give location) <i>3804 Egerton Road.</i>		c. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 8, 1875</i>	9. AGE (In years last birthday) <i>76</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		11. BIRTHPLACE (State or foreign country) <i>Freeland, Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>John Oliver Amos</i>		14. MOTHER'S MAIDEN NAME <i>Faudia Ann homemaker</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Ira Amos - 3804 Egerton Rd, Balto. Md.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>450.D I</i>		CAUSE OF DEATH (A) <i>Paralysis Agitans</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i> <i>5 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Aug. 4 -</i> , 195 <i>0</i> , to <i>Feb. 18</i> , 195 <i>2</i> ; that I last saw the deceased alive on <i>Feb. 18, 1952</i> , and that death occurred at <i>11:45 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Earl L. Chambers</i>		23B. ADDRESS M. D. <i>4108 Liberty Hts C.</i>		23C. DATE SIGNED <i>2/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Febr. 21, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Freeland, Balto. Co., Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		26. ADDRESS <i>4108 Liberty Hts C., New Freedom, Pa.</i>	

1917

CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1678

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence Skeller

2. DATE
OF
DEATH

February 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

York

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

New Freedom

D. STREET ADDRESS (If rural, give location)

Third St.

c. Length of stay in Baltimore

Yrs.
1. Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-3-93

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Blacksmith & Body Builder

11. BIRTHPLACE (State or foreign country)

New Freedom, Pa. P.D.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

John Kellar

14. MOTHER'S MAIDEN NAME

Rose Ann Schuppert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War I.

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Disease undiagnosed mani-
fested by weight loss, left flank
pain and shortness of breath

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
m. WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23, 1952, to 2-20, 1952 that I last saw the
deceased alive on 2-20, 1952 and that death occurred at 7:38 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rex R. Martin

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Febr. 23, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Johns R. C.

24D. LOCATION (City, town, or county)

New Freedom, York Co., Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. B. Eastern New Freedom, Pa.

1948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Blank certificate form with horizontal lines for text entry.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1679

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothy Crites

2. DATE
OF
DEATH

Feb 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Univ Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cumberland

D. STREET ADDRESS (If rural, give location)

Maryland Ave. 5102

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years last birthday)

28

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Rice

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hoop Records

18.

401.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subacute bacterial endocarditis 36 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic heart disease 15 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia, left lower lobe 24 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 18, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore

M. D.

23B. ADDRESS

Univ Hosp.

23C. DATE SIGNED

Feb 20, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 13, 1952

Rose Hill Cem

Cumberland Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

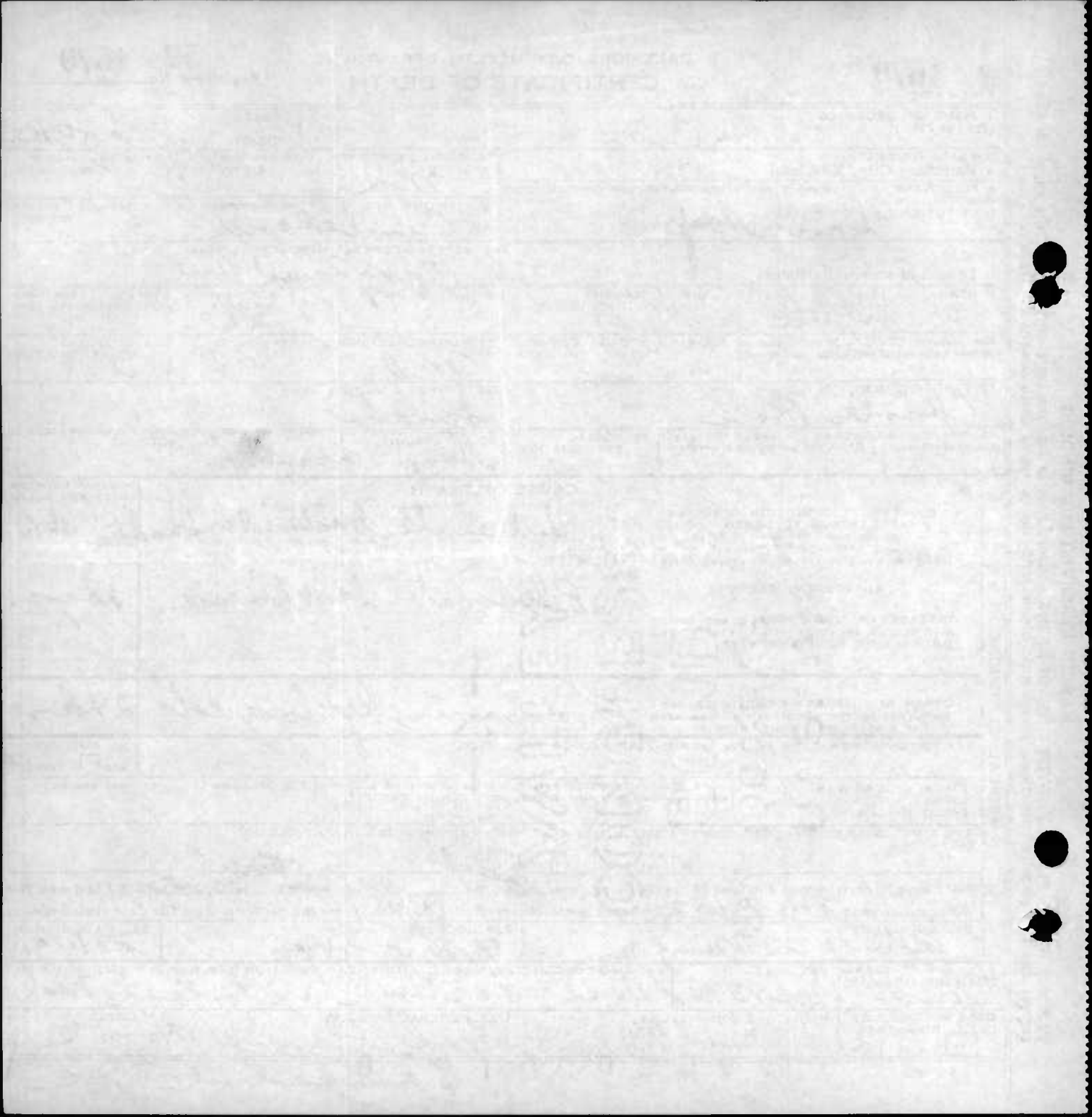
FEB 21 1952

Huntington Williams

M. J. Hooper Funeral Home

VS 150

1052001 Cumberland Md 58B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1680**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Lantz

2. DATE
OF
DEATH

2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1421 Elmtree St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1421 Elmtree St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 30, 178

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Industrial

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Lantz

BLDG

14. MOTHER'S MAIDEN NAME

Laura Wheatley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-03-5759

17. INFORMANT

ADDRESS

St.

Mrs. Annie E. Lantz 1421 Elmtree

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma of Rectum - E*
DUE TO

3 yrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *metastasis to liver*
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 15*, 1952, to *Feb 19*, 1952, that I last saw the
deceased alive on *Feb 18*, 1952, and that death occurred at *12:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Carol Lubin

23B. ADDRESS

320 Patapsco Ave

23C. DATE SIGNED

*Feb. 19-1952*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county) (State)

Ritchie Hwy

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

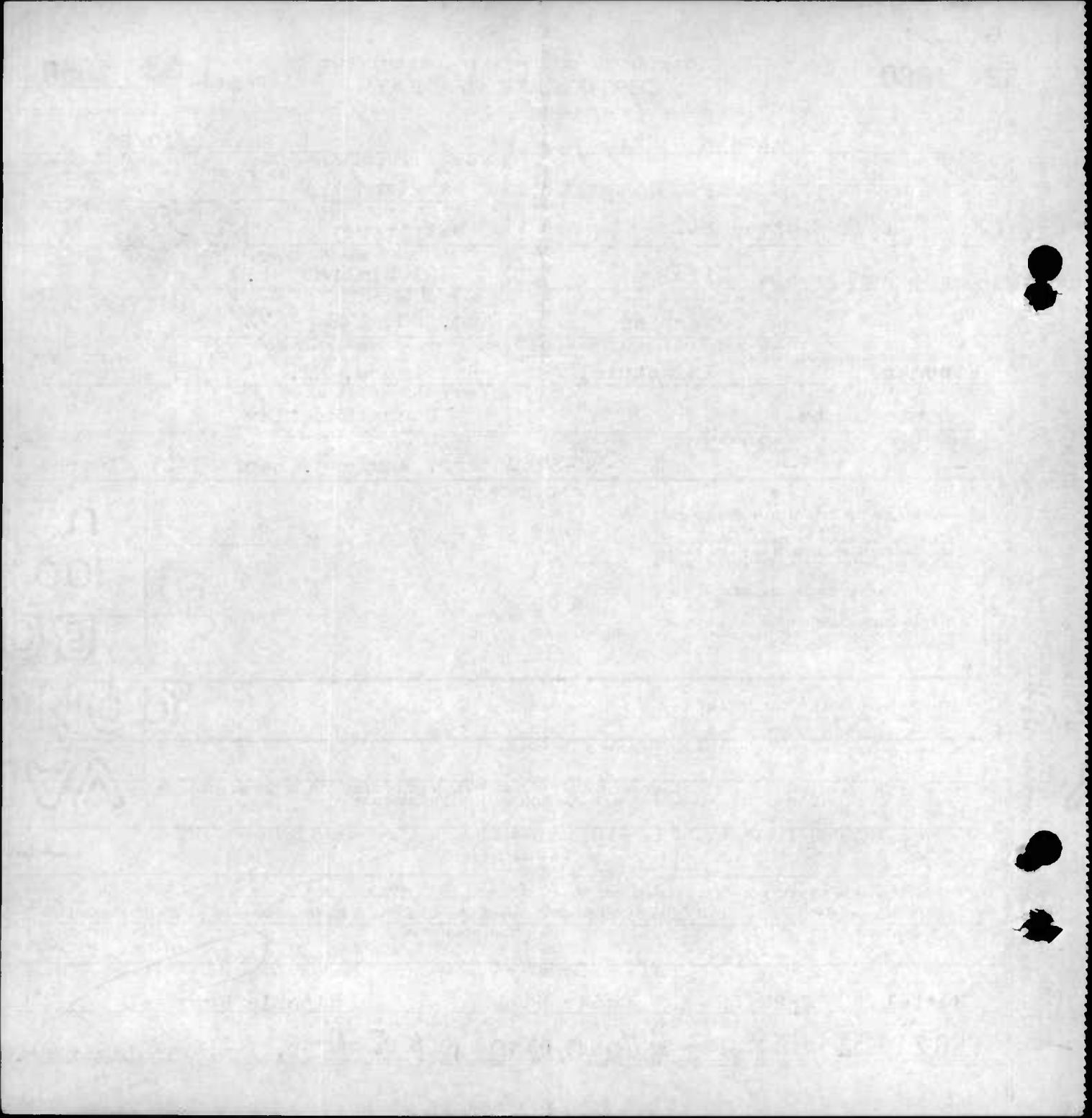
ADDRESS

JOHN F. DENNY, INC. 715 Light St.

VS 150

68074

469



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5-530
52 1681

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1681

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Virginia Smith

2. DATE
OF
DEATH

FEBRUARY 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1833 COVINGTON ST.

C. CITY OR TOWN, (If outside corporate limits, write NAME and give township)
BALTIMORE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1833 COVINGTON ST.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN. 9, 1883

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM H. WICKLEIN

14. MOTHER'S MAIDEN NAME

MARSHALL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HARRY MEEHAN 1258 MAPLE AVE

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 day
more
years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerosis
Senility

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1950, 19, to Feb 20, 1952, that I last saw the deceased alive on 2/19, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Walter John

23B. ADDRESS

1026 Fort Ave

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/23/52

24C. NAME OF CEMETERY OR CREMATORY

MOUNT OLIVET CEM.

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

JPH & F DENNY, INC. 715 LIGHT ST. BALTO., MD.

VS 150

94a

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1682

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE HALL

2. DATE
OF
DEATH

2-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

28 University Hospital

C. CITY OR TOWN

LAUREL

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

6627

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7-1-86

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Louis

14. MOTHER'S MAIDEN NAME

Mary Louis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Francis Hall Gad M.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Intestinal obstruction

DUE TO

(B) Carcinoma Recto sigmoid

DUE TO

with multiple metastases

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-9-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Sigmoid, 2 adherent loops of

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1952, to 2-20, 1952, that I last saw the deceased alive on 2-20, 1952, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Arlie R. Maushug, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Union Prospect

24B. DATE

2/24/52

24C. NAME OF CEMETERY OR CREMATORY

Union Prospect

24D. LOCATION (City, town, or county)

KING + QUEEN CO. VA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Arthur Rouse, Cologne VA

FEB 21 1952

VS 150

467

PLEASE WRITE IN PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

460
52 1683
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1683
Registered No.

1. NAME OF DECEASED (Type or Print) DAVID SKLAR		2. DATE OF DEATH 2/20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp. of Md. Baltimore 16, 1st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18	
c. Length of stay in Baltimore 46 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3714 Oakmont Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter		10B. KIND OF BUSINESS OR INDUSTRY Clothing	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Jacob		14. MOTHER'S MAIDEN NAME Leah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Benjamin Sklar - 17058 Pentate St		ADDRESS	
18. 420.1 and 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular disease with Pulmonary edema ANTECEDENT CAUSES Coronary Insufficiency DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchogenic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 20, 1952 to Feb. 20, 1952 , that I last saw the deceased alive on Feb. 20, 1952 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Inez C. Macapangan		23B. ADDRESS Lutheran Hosp. of Md.	
23C. DATE SIGNED 2/20/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-22-52	
24C. NAME OF CEMETERY OR CREMATORY Mt Carmel		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Outare Pl	

VS 150

690 4G

47c

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page. Some words like "Village" and "English" are faintly visible.]

K#2 500
1684BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1684

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE

KAHN

2. DATE
OF
DEATH

2-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Leurndale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

4905 Palmer Ave

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

82

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lalona

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Kahan- 2439 Keywalt

18.

350X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Parkinson dis.

years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1951, to 2-20, 1952 that I last saw the
deceased alive on 2-20, 1952, and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M.D.

23B. ADDRESS

Leurndale Home

23C. DATE SIGNED

2-20-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/21/1952

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county) (State)

Baltimore

MD

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Sevenson - 2100 Eustaw Pl

VS 150

1520001683

87c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1904

35

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

1904

35

1904

1904

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

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REPORT OF THE COMMISSIONER OF THE LAND OFFICE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1685

BIRTH NO. 450 1685

1. NAME OF DECEASED (Type or Print) ANNA BLOOM			2. DATE OF DEATH 2-20-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3804 Bedardale Rd			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 15-11		
c. Length of stay in Baltimore 45 Yrs. 45 Mos. 45 Days			D. STREET ADDRESS (If rural, give location) 3804 Bedardale Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME Charles			14. MOTHER'S MAIDEN NAME Sarah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Nathan Bloom		ADDRESS Home

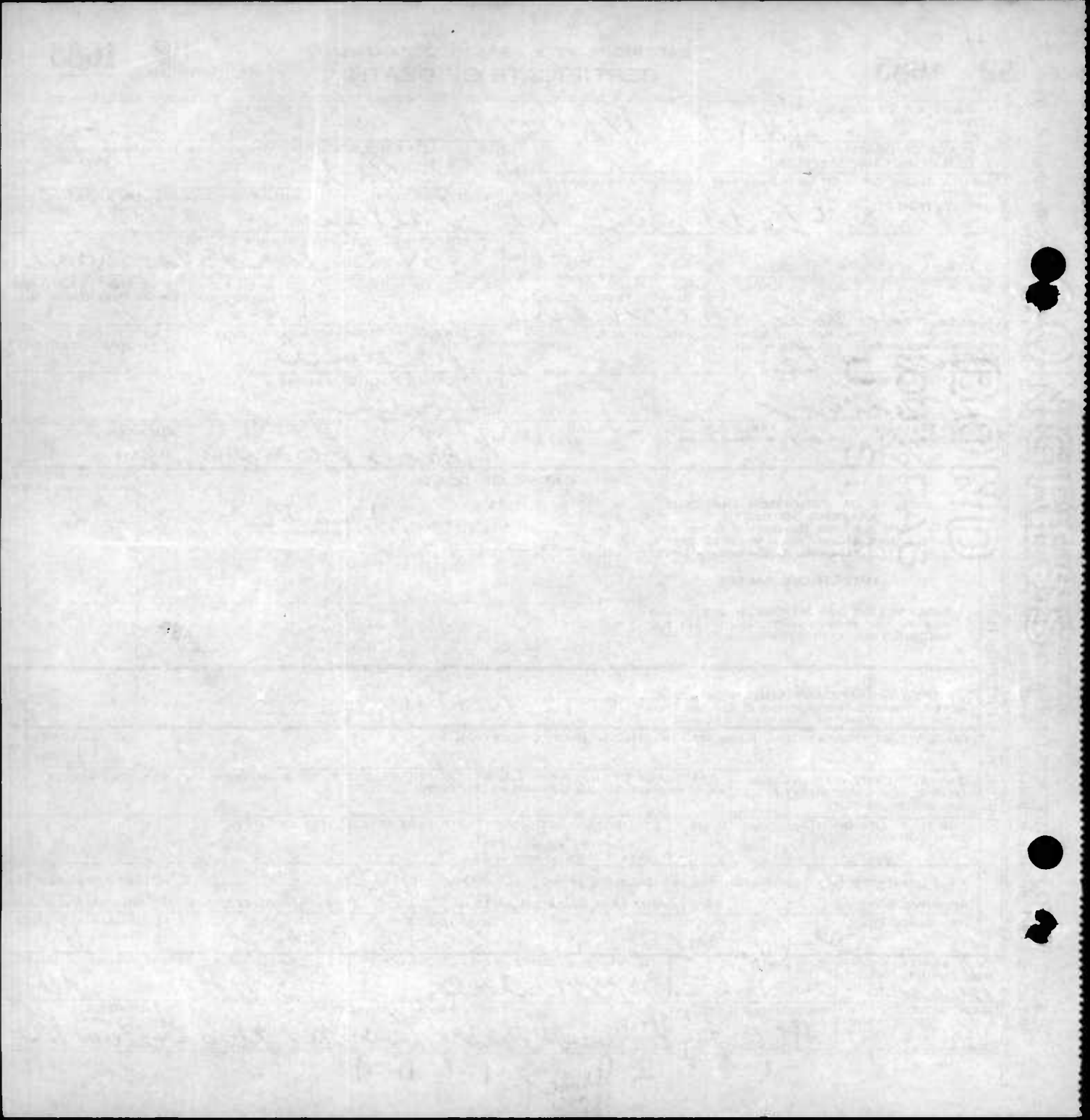
18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis	CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 hr
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Essential Hypertension	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov , 1951, to 2/20 , 1952, that I last saw the deceased alive on 2/20 , 1952 and that death occurred at 11:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Julius H. Jordan		23B. ADDRESS 3400 E. Salt W		23C. DATE SIGNED 2/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Bureau		24B. DATE 2-21-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Geston Pl	
DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Lewis	

VS 150

1 0 5 2 0 0 0 1 6 8 4

94a



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1686

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Milburn

2. DATE
OF
DEATH

2-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

PROVIDENT HOSP. & FREE DISPENSARY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

C. Length of stay in Baltimore

62

YFS
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1413 W. MOSHER

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-25-1899

9. AGE (in years
last birthday)

62

If Under 1 Year
Months: Days If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

BALT. MD.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Charles Milburn Md

14. MOTHER'S MAIDEN NAME

Prasilla ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Florence Milburn Mosher St

18.

434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive H. Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1952 to 2-19, 1952, that I last saw the
deceased alive on 2-19, 1952 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rudolph G. Feil

M. O.

23B. ADDRESS

Prasilla Mosher St

23C. DATE SIGNED

2-20-52

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Arbutus Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William Jackson

ADDRESS

916

VS 150

97024

93E

1000

1000

1000

1000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1687

1. NAME OF DECEASED (Type or Print) DIANE Lillian Erdbrink		2. DATE OF DEATH 2/20/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 48 Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 1-01	
c. Length of stay in Baltimore 5-5 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 729 S. Potomac Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/14/52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days 4
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Charles Erdbrink		14. MOTHER'S MAIDEN NAME ERMA Irene ZORN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS 729 S. Potomac St.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Patent Ductus Arteriosus DUE TO (B) Congenital Heart Disease DUE TO (C) None			INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/14 , 19 52 , to 2/20 , 19 52 , that I last saw the deceased alive on 2/20 , 19 52 , and that death occurred at 12:37 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Brown P. Klenkowski		23b. ADDRESS 116 Chase St	
23c. DATE, SIGNED 2/20/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Feb. 21/52 Oak Lawn CEM.		24b. DATE EASTERN AVE	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Stephen J. Fialkowski, Inc.		ADDRESS 1000 S. KENWOOD AVE	

7801

30

30

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MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

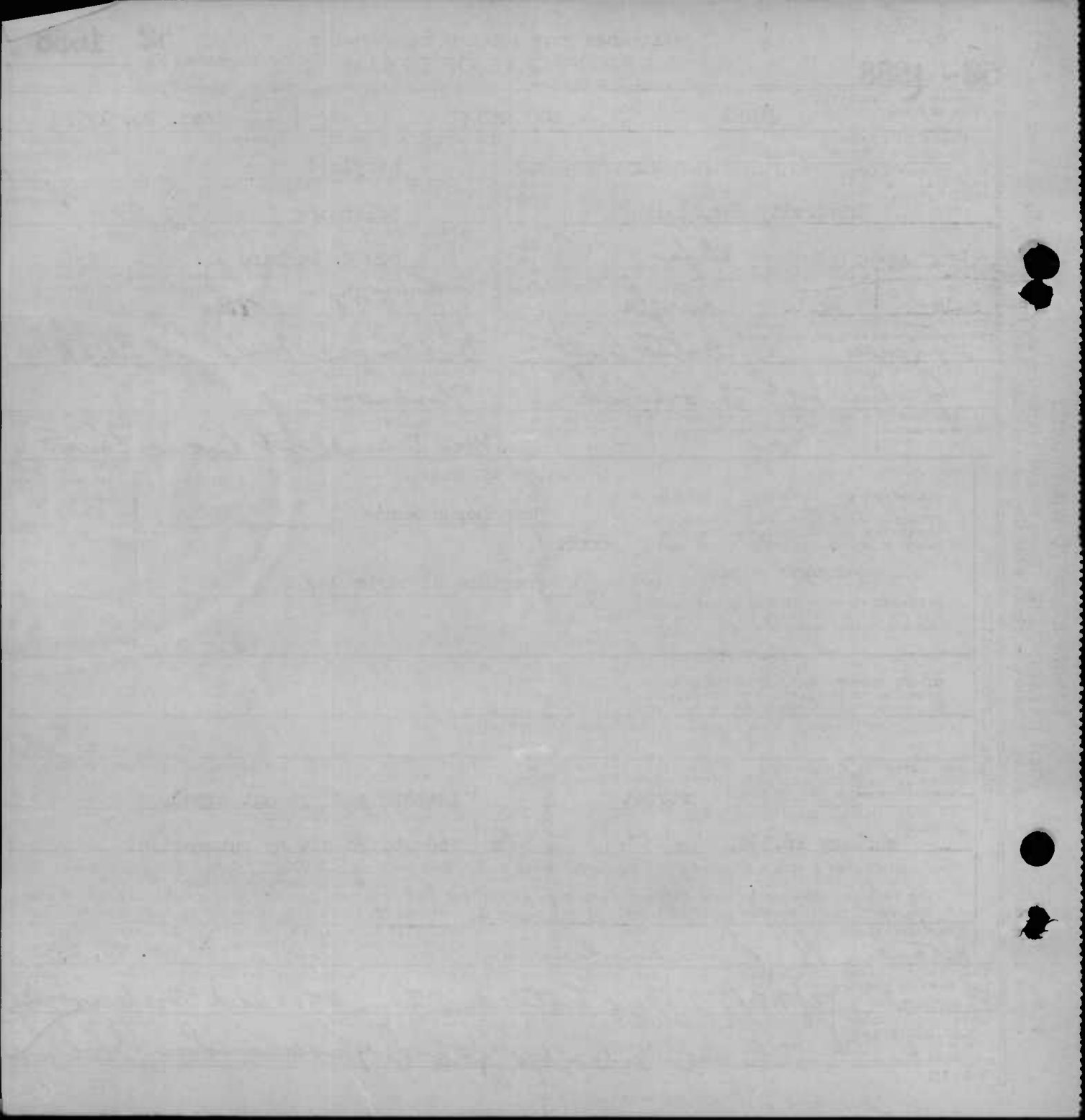
52 1688
Registered No.

M-265
52 1688
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES MCCORMICK			2. DATE OF DEATH Feb. 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 820 W. Lombard St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1878	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Balto City		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME John Mc Cormick		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Daniel M. Owens, Elliott	

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Fracture of right leg DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Lombard and Fremont Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 16, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian hit by automobile	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/22/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd		DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams	
FUNDAL DIRECTOR John J. Flanagan		ADDRESS 201 St. Hollins			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1689

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph H. Carroll

2. DATE
OF
DEATH

2-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

721 Brookwood Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-19-1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTIMORE - Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES CARROLL

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Helen T. CARROLL - 721 Brookwood Rd

18.

331X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) severe my arterio sclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial damage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to 2/20, 1952, that I last saw the
deceased alive on 2/20, 1952, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. H. H.

23B. ADDRESS

3921 Edmonson av.

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Frederick Ave Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thomas J. K... 1600 Hollins St

ADDRESS

FEB 21 1952

VS 150

83a

1959

1959

CERTIFICATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF ARRIVAL

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PLACE OF ARRIVAL

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1690

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARA E. FRISSELL

2. DATE
OF
DEATH

February 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Church Home*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

D. C.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION *Church Home & Hospital*
Baltimore 31. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

Providence Hosp.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 17, 1882

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Hosp.

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George L. Frissell

14. MOTHER'S MAIDEN NAME

Louisa Norris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Anna K. Mays - 2818 Winchester St.

18.

470.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Infarction old + acute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐

NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1 August, 1951*, to *2/19/52*, 19__, that I last saw the
deceased alive on *2/19/52*, 19__, and that death occurred at *9:00 p.m.*, from the causes and on the date stated above.

22A. SIGNATURE

J. D. Harrison

22B. ADDRESS

Church Home & Hospital

22C. DATE SIGNED

2/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lienes & Sons

ADDRESS

Balto Md 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF OHIO

No. 1	
Date	
To the Honorable	
The Court of	
Common Pleas	
County of	
State of Ohio	
In	
Case No.	
vs.	
Plaintiff	
vs.	
Defendant	
Comes now	
the undersigned	
and deposes and	
swears that	
the foregoing	
is true and	
correct to the	
best of his	
knowledge and	
belief.	
Subscribed and	
sworn to before	
me this	
day of	
Month	
Year	
Notary Public	
for Ohio	

VALID
30 APR 1964

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1691

BIRTH NO. 630

1. NAME OF DECEASED
(Type or Print) Clay Barrett

2. DATE
OF
DEATH Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7 S. High st

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-21-89

9. AGE (in years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nelson Barrett

14. MOTHER'S MAIDEN NAME

Ella Harmon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS JOHNS HOPKINS HOSPITAL

18.

470.01
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Anterior & Posterior
DUE TO Myocardial Infarctions

(B) Hypertensive Arteriosclerotic
DUE TO Heart Disease

(C) 6 yst

INTERVAL BETWEEN ONSET AND DEATH

1 yr - 3 d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1952, to 2/19, 1952, that I last saw the deceased alive on 2/19, 1952, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

2/22/52 Burial

24B. DATE

Burial

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county) (State)

Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1217 St. Paul St.

VS 150

97099

93D

MARGIN RESERVED FOR BINDING

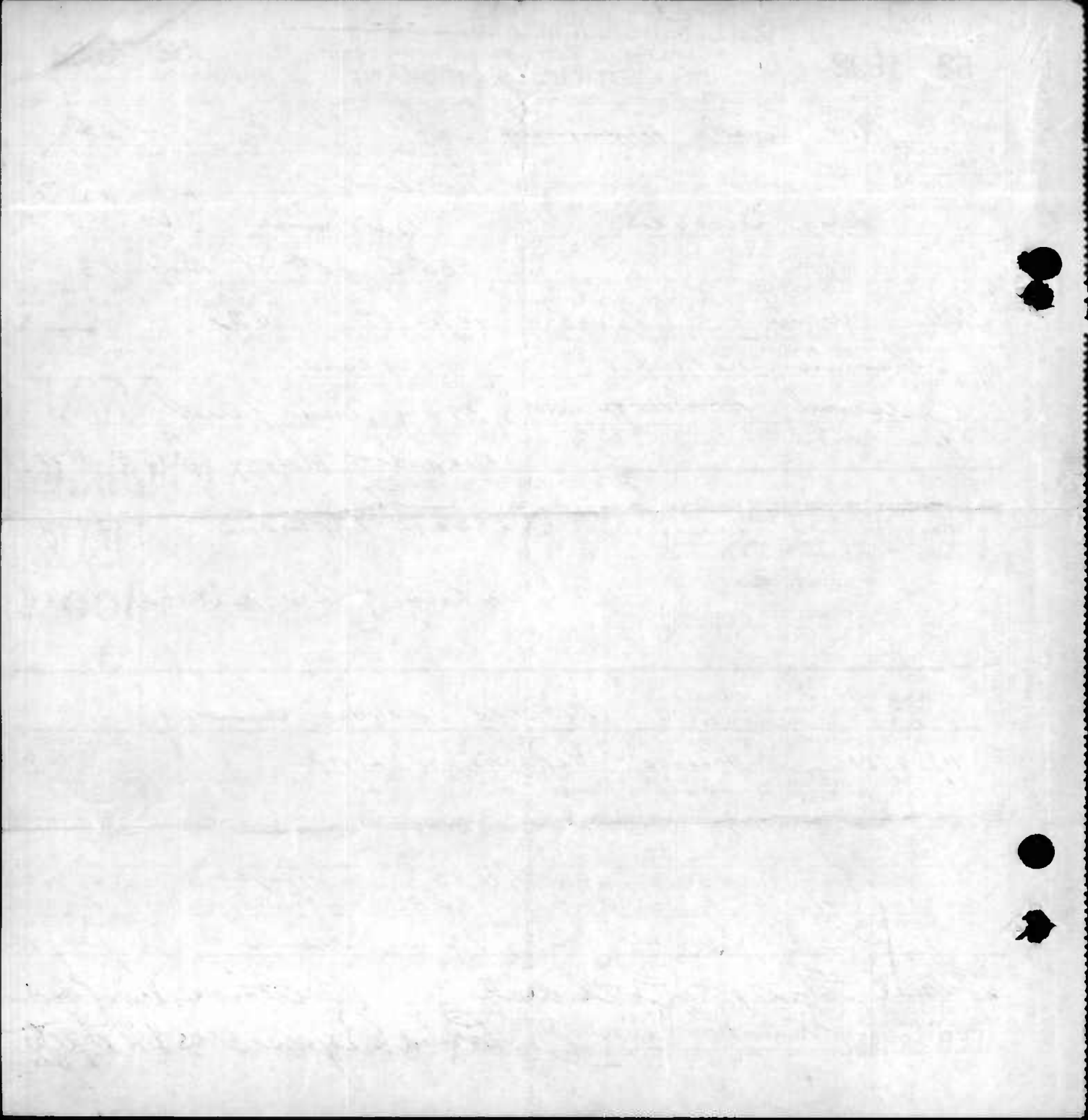
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE TOMAS HOPKINS HOSPITAL

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

<div>410</div> <div>52 1692</div>				<div>CERTIFICATE CORRECTED</div> <div>2-26-52</div>		<div>52 1692</div>	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) <i>M. Bernard Mulvey</i>				2. DATE OF DEATH <i>2/20/52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>34 Bon Secours</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12 03</i>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <i>335 E 28th St Balto 13</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>10/15/89</i>		9. AGE (in years last birthday) <i>62</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman - Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Jeremiah Mulvey-Mulvey</i>				14. MOTHER'S MAIDEN NAME <i>Mary Anne Farrell</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Bernadett Mulvey 335 E 28th St</i>		
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>Cerebral Thrombosis</i>				DUE TO		<i>5 days</i>	
ANTECEDENT CAUSES				(B) <i>Cirrhosis of Liver (Portal)</i>		<i>1 year</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				<i>Marked Secondary Anemia</i>			
19A. DATE OF OPERATION <i>11/26/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>ADVANCED CARCINOMA OF LIVER</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2/16/52</i> , 19__, to <i>2/20/52</i> , 19__, that I last saw the deceased alive on <i>2/20/52</i> , 19__, and that death occurred at <i>3 A</i> m., from the causes and on the date stated above.							
23A. SIGNATURE <i>John E. Carroll Jr.</i>				23B. ADDRESS <i>1200 Bon Secours</i>		23C. DATE SIGNED <i>2/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Feb. 22, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Loring Lyons 5005 PK AVE</i>		ADDRESS	
VS 150 <i>49099</i> <i>124B</i>							



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1693**

BIRTH NO. **420**

1. NAME OF DECEASED
(Type or Print) **STEPHEN STEVEN PAWLICKI**

2. DATE OF DEATH **February 19, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **CHURCH HOME HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**

c. Length of stay in Baltimore Yrs. Mos. Days

O. STREET ADDRESS (If rural, give location) **243 S. Broadway**

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

8. DATE OF BIRTH **AUG. 16. 1907** 9. AGE (In years last birthday) **44** If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PAPER HANGING** 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **BALTIMORE** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **MARTIN PAWLICKI**

14. MOTHER'S MAIDEN NAME **CZERWINSKI**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **YES** 16. SOCIAL SECURITY NO. **4 13 13 6237**

17. INFORMANT **EDWARD PAWLICKI** ADDRESS

18. **513X and E946.7** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral anoxia due to air embolism**

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

Feb. 19, 1952

19B. MAJOR FINDINGS OF OPERATION

Radical Antrotomy

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **Hospital**

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **Church Home Hospital, Baltimore, Md.**

21D. TIME (Month) (Day) (Year) (Hour) **February 19, 1952**

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? **Therapeutic accident during operation.**

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicidal ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Kurlach

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 20, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 23/52

24C. NAME OF CEMETERY OR CREMATORY

Greenleaf Cemetery, Baltimore

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Green H. Oszewski

ADDRESS

10413

V S 151

N - 995.0

565 24 1930 Baltimore

10413

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1961

1962

1963



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

436
52 1694
BIRTH NO.

SLATTERY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1694
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Laveria Slattery</i>		2. DATE OF DEATH <i>20 Feb. 1962</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St</i> B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY C. CITY OR TOWN <i>Baltimore</i> D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>	
c. Length of stay in Baltimore <i>6 months</i>	5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH <i>Nov 9th 1890</i>	9. AGE (In years last birthday) <i>61</i>
13. FATHER'S NAME <i>Dennis Slattery</i>		14. MOTHER'S MAIDEN NAME <i>Maria King</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma Stomach</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 mo -</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>metastasis in Liver</i> DUE TO	<i>1 mo</i>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb 1 - 1952*, to *Feb 20, 1952*, that I last saw the deceased alive on *Feb 19, 1952*, and that death occurred at *9:45 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall M.D.</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>Feb 20 - 1952</i>
---	--------------------------------------	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 23, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 21 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Reverend W. J. Zedefeld</i>	ADDRESS <i>1006 E. Beall St</i>

1001

50

1001

50

CONGRESS

VALLEY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1695

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALLIE DANIELS

2. DATE
OF
DEATH

FEB 29 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1327 N. CALHOUN ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 2 1898

9. AGE (In years

last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BOBERLY ROBINSON

14. MOTHER'S MAIDEN NAME

MIRIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

171X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19-1952 to 2-22-1952 that I last saw the deceased alive on 2-20-1952 and that death occurred at 12:01 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. L. Nesbitt, Jr.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/23/52

Int Auburn

Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952

Huntington Williams, Jr.

George H. Nelson 48a

VS 150

1303 Presstman St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1696

1. NAME OF DECEASED
(Type or Print)

FREDA B. HETZNER

2. DATE
OF
DEATH

2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2400 E CHASE ST

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2400 E CHASE ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MURIEL SPINKS 2400 E. CHASE ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Feb, 1951, to 19 Feb, 1952, that I last saw the
deceased alive on 19 Feb, 1952, and that death occurred at 11 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1513 N. M. Hill Ave

19 Feb 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

2/22/52

BALTIMORE

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952

Huntington Williams, M.D.

Blair F. Hoffmann 1639 Broadway

VS 150

1696

93D

DEATH CERTIFICATE

DEATH CERTIFICATE

DEATH CERTIFICATE
I hereby certify that on the _____ day of _____
at _____
the _____
of the _____
died at the _____
of the _____
at the age of _____
years.

DEATH CERTIFICATE
I hereby certify that on the _____ day of _____
at _____
the _____
of the _____
died at the _____
of the _____
at the age of _____
years.

DEATH CERTIFICATE
I hereby certify that on the _____ day of _____
at _____
the _____
of the _____
died at the _____
of the _____
at the age of _____
years.

DEATH CERTIFICATE
I hereby certify that on the _____ day of _____
at _____
the _____
of the _____
died at the _____
of the _____
at the age of _____
years.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H- 200
52 1697
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1697
Registered No.

1. NAME OF DECEASED (Type or Print) GRACE P. Hayes				2. DATE OF DEATH Feb. 20, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 11-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for The Women of Maryland Baltimore				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
C. Length of stay in Baltimore 79 Yrs. 79 Mos. Days				D. STREET ADDRESS (If rural, give location) Eutaw Street. Cecil Apts.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow.		8. DATE OF BIRTH Oct. 30 - 1872		9. AGE (In years, last birthday) 79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buffalo, N. Y.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Frederick J. Parsons				14. MOTHER'S MAIDEN NAME Ann Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Charles C. Varne		ADDRESS 83 Saratoga, Yonkers, NY	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage 5 days. DUE TO Cerebral Arteriosclerosis				CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 17, 1952 , to Feb. 20, 1952 , that I last saw the deceased alive on Feb. 20, 1952 , and that death occurred at 6:40 PM , from the causes and on the date stated above.							
23A. SIGNATURE Harriet H. Hooten				23B. ADDRESS M. D. Hospital for the Women of Md.		23C. DATE SIGNED Feb. 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2 - 23 - 52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge		24D. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	

WATNEY
CONCRETE

13.3.10

10.1.11

11.3.11

M-200

52 1698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia E. McCoy

2. DATE
OF
DEATH

2-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

105 S. Stricker St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

205 S. Stricker St.

Length of stay in Baltimore

18

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov 16-1861

9. AGE (In years

last birthday)

90

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Reading Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morton Righter

14. MOTHER'S MAIDEN NAME

Catherine Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Ruth Wilkes 205 S. Stricker St.

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic C-Vasc. Disease Many Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 1951, to Feb 21, 1952 that I last saw the deceased alive on Feb 19, 1952, and that death occurred at 6:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206 S. Gilman St

23C. DATE SIGNED

2/21/52

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-24-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Plantation Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington W. E. 2, 1952

25. FUNERAL DIRECTOR

J. B. M. Walters

ADDRESS

205 S. Stricker St. 20937

GRAND
SENIOR
ATTN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1699

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL M. WIEST

2. DATE
OF
DEATH

2-21-52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Univ. of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Rural

C. Length of stay in Baltimore

57 yrs.

D. STREET ADDRESS (If rural, give location)

5209 Germouth Rd #29.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 6, 1894

9. AGE (In years last birthday)

57

10 Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank E. Johnston

14. MOTHER'S NAME

Ada Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lee Wiest (husband) / none

ADDRESS

18.

490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia, lobar.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

L.T. Ventricular failure

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Cholecystectomy & Cholelithiasis
for Ch. Cholecystitis & Cholelithiasis

19A. DATE OF OPERATION

2-15-52

19B. MAJOR FINDINGS OF OPERATION

Chronic Cholecystitis & Cholelithiasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

none

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

no

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

none

22. I hereby certify that I attended the deceased from 2-11-1952 to 2-21-1952 that I last saw the deceased alive on 2-21-1952, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward P. Smith

M. D.

23B. ADDRESS

University Heights

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edm. J. Slickner & Sons

ADDRESS

126 Bacto mde

FEB 21 1952

VS 150

100

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

100

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

DATE OF DEPARTURE

PLACE OF DEPARTURE

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DATE OF ARRIVAL

PLACE OF ARRIVAL

DATE OF DEPARTURE

PLACE OF DEPARTURE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1700

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE L. SIMMONS

2. DATE
OFDEATH Feb. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 4010 W. Rogers Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4010 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 27, 1896

9. AGE (in years
last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph A. Horning

14. MOTHER'S MAIDEN NAME

Julia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

-

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edward E. Simmons - 4010 W. Rogers Av18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Infarctus
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension
DUE TO
(C) Coronary arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1951 to Feb 11, 1952, that I last saw the
deceased alive on Feb 11, 1952, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952

VS 150

Huntington Williams, M.D.

J. Gickner & Sons

94a Balto 17, Md.

1500

1500

1500

1500

1500

1500

1500

1500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Anne Brackenridge Masle*2. DATE
OF
DEATH*February 18, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (if rural, give location)

c. Length of stay in Baltimore

7 Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

None

8. DATE OF BIRTH

9-10-09

9. AGE (In years last birthday)

42

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

N. Y.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William Brackenridge

14. MOTHER'S MARDEN NAME

Mary Libdell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Thrombosis Cerebral Artery

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 wk

ANTECEDENT CAUSES

(B)

none determined

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-13*, 1952, to *2-18*, 1952, that I last saw the deceased alive on *2-19*, 1952, and that death occurred at *9:58* p. m., from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-19-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

Feb. 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

EB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. W. Mitchell, Harold Bruce

ADDRESS

THE JOHN HOPKINS HOSPITAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1702

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER W. LANAHAN

2. DATE
OF
DEATH

February 20/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

4208 Fernhill Ave; #15

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 22, 1896

9. AGE (In years

last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assistant Superintendent

10B. KIND OF BUSINESS OR INDUSTRY

B & O. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Senfart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mary Frances Lanahan

ADDRESS

1B.

162X

CAUSE OF DEATH

4208 Fernhill Ave

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) carcinoma of the Rt. lung
DUE TO with RT: Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10/9/1951

19B. MAJOR FINDINGS OF OPERATION

Bradenburg carcinoma of the Rt. Lung.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1952, to 2/20/1952 that I last saw the deceased alive on 2/20, 1952 and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Folwell Bakker

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 23-52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town or county)

Woodlawn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Eugene O. Amos

ADDRESS

VS 150

290 50

#600 LIBERTY HEIGHTS AVE
47c

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SIXT 30

31 1951

WALTER W. LAMARCA

11-25-51

Walter W. Lamarca

11-25-51

11-25-51

Walter W. Lamarca

11-25-51

Walter W. Lamarca

11-25-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1703**

BIRTH NO. **51-15291**

1. NAME OF DECEASED
(Type or Print)

BARBARA

BYRD

2. DATE OF DEATH **February 19, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.**
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1556 N. Fulton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

July 7, 1901

9. AGE (In years last birthday) **7** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Byrd

14. MOTHER'S MAIDEN NAME

Beatrice Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Beatrice Byrd N. Fulton Ave

18. **391.2**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Bilateral Otitis Media**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Omeara M.D.

23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....

23C. DATE SIGNED **February 20, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

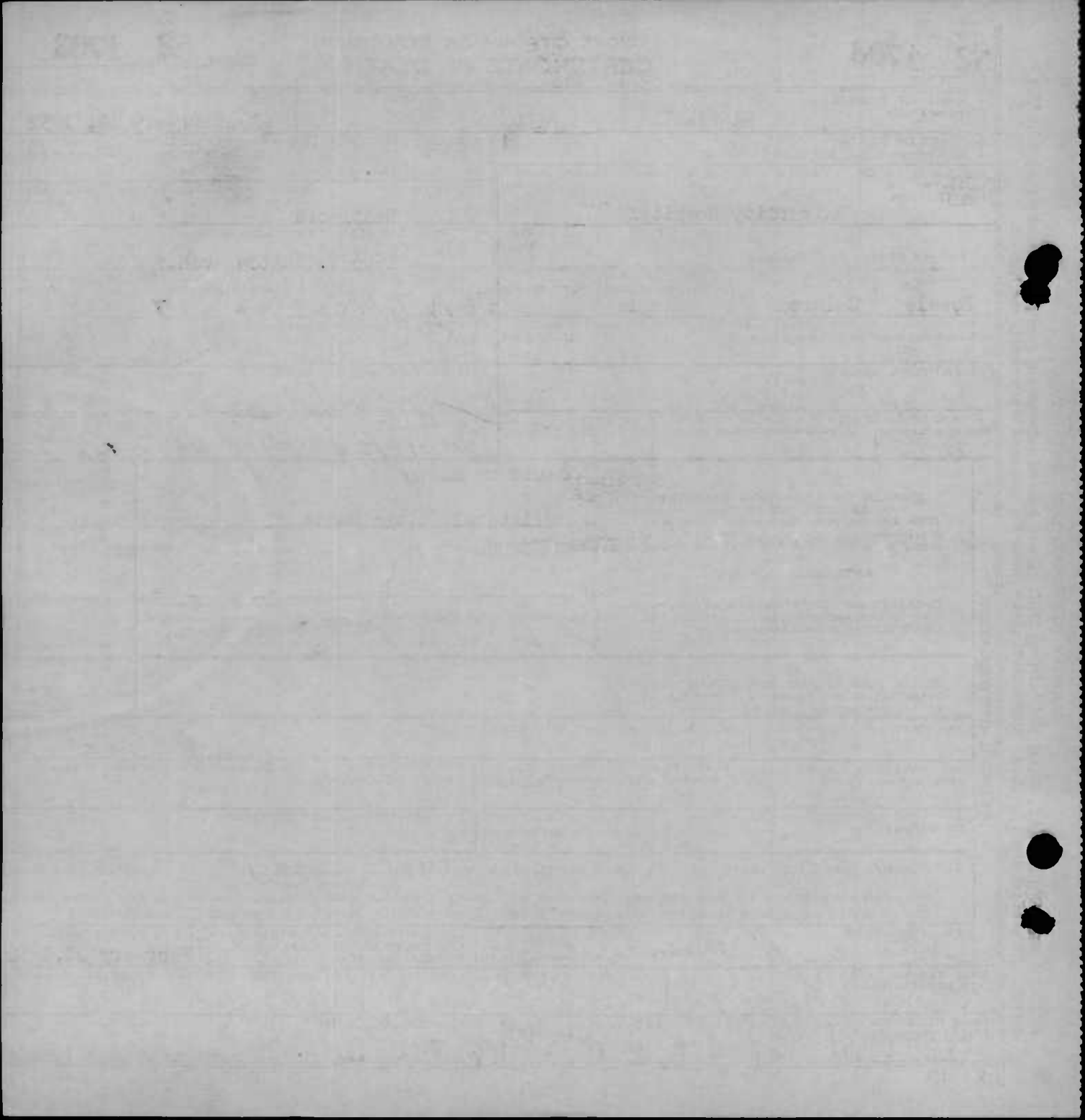
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



G-6 59 1704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1704
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lawrence Henry Green		2. DATE OF DEATH Feb. 20/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2524 W. Pratt St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2524 W. Pratt St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1892	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Engineer		10B. KIND OF BUSINESS OR INDUSTRY Stationary Gen'l	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -----Green		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 215 09 1190		17. INFORMANT Mrs. Anna M. Green, 2524 W. Pratt St	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Embolism		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		(B) DUE TO		(C) DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 10 , 19 52 , to Feb 20 , 19 52 , that I last saw the deceased alive on Feb 19 , 19 52 , and that death occurred at 3A m., from the causes and on the date stated above.					
23A. SIGNATURE Alfred Scaggett		23B. ADDRESS 1729 W. Lombard St		23C. DATE SIGNED 2/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 23/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	
		24D. LOCATION (City, town, or county) (State) 3801 Frederick Rd. Balto., Md.			

DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 4101 Edmondson Ave.	
--	--	---	--	--	--

049 4R

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1001

N

CERTIFICATE OF DEATH

1001

N

CERTIFICATE OF DEATH

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1705

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Warren Rice

2. DATE
OF DEATH 2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence
A. STATE B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1733 Hollins St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1735 Hollins St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 22, 1900

9. AGE (In years,
last birthday)

51

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Rice

14. MOTHER'S MAIDEN NAME

Blanche Ahern

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Anna MacDonald, 1733 Hollins St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute cardiac dilatation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) chronic myocarditis, hypertension

(C) pseudo-cerebral vascular disease

INTERVAL BETWEEN
ONSET AND DEATH

1 hour.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Feb 19, 1952, that I last saw the
deceased alive on Feb 19, 1952, and that death occurred at 4 PM m., from the causes and on the date stated above.

23A. SIGNATURE

A. C. Calas

M. D.

23B. ADDRESS

477 Fulton

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 23/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk. 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952 Huntington Williams, M.D. Harry H. Witzke 4101 Edmondson Av.

1951

1951

1951

1951

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52** 1706

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STANLEY

DRONSUTIS

2. DATE
OF
DEATH

February 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

125 S. Eutaw Street

C. Length of stay in Baltimore

38 Yrs.
Mos.
Days

5. SEX

White

6. COLOR OR RACE

Male

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Apr. 15 - 1885

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

See

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-09-8919

17. INFORMANT

M. J. J. 124 S. Eutaw St.

ADDRESS

18.

022X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Ruptured Aneurysm of Abdominal Aorta**

ANTECEDENT CAUSES

(B) **Peritoneal Hemorrhage**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

William J. J.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

February 19, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

Feb. 22, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams

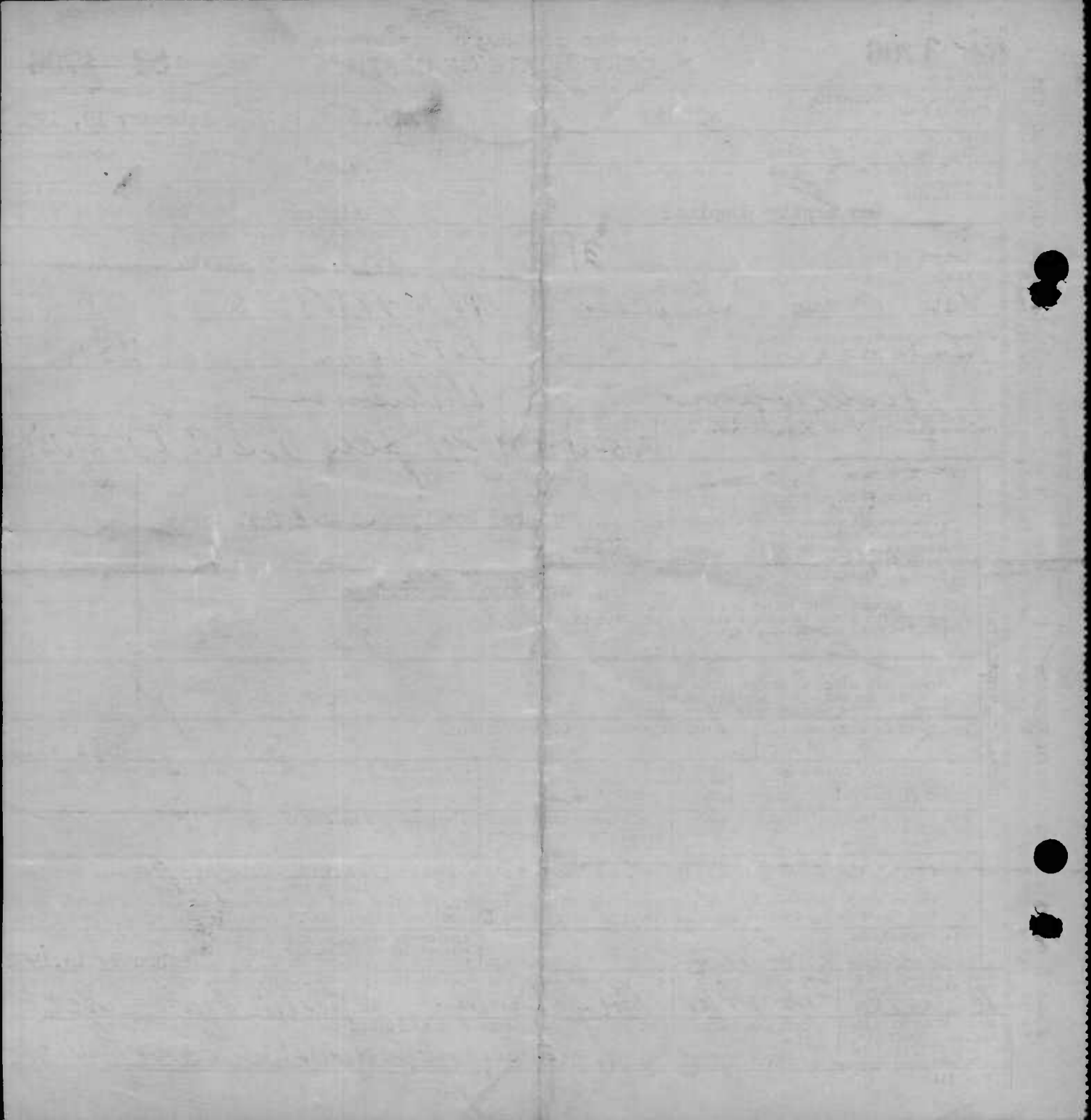
25. FUNERAL DIRECTOR

Charles J. J. 703 W. B. J.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 3-4-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1707 Registered No.

462
52 1707
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Clark-Percy</u> Percy Lee Clarke			2. DATE OF DEATH <u>2-20-52</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Franklin Square Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>12-07</u>		
D. STREET ADDRESS (If rural, give location) <u>417 E-31st St.</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE <u>(MARRIED)</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 23 1890</u>	9. AGE (In years last birthday) <u>61</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <u>Maternity Man</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Sanitary Film Service</u>		
11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Benjamin H. Clarke</u>			14. MOTHER'S MAIDEN NAME <u>Hennetta Richter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>218-09-9433</u>		
17. INFORMANT <u>Blue H. Clarke</u>			ADDRESS <u>417 E-31st St</u>		

18. <u>470.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerosis</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-19</u> 19 <u>52</u> to <u>2-20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-20</u> , 19 <u>52</u> , and that death occurred at <u>8:30</u> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Christian Richter</u> M.D.		23B. ADDRESS <u>Franklin Sq Hospital</u>		23C. DATE SIGNED <u>2-20-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-23-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, MD</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.F.</u>		ADDRESS <u>2503 Edmonson</u>	

VS 150

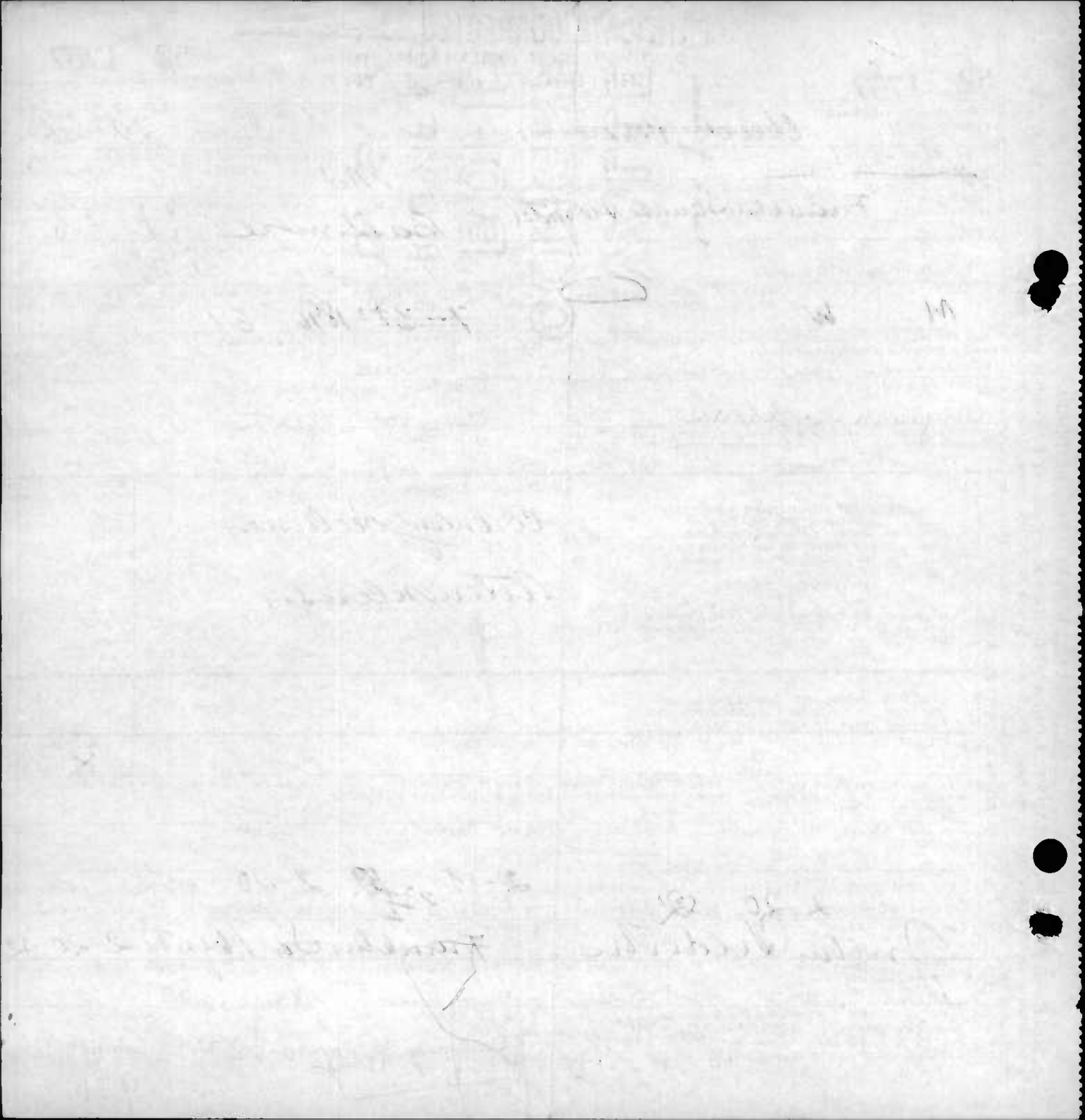
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MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARGIN RESERVED FOR BINDING

52 1708

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

52 1708

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Annie S. Burke		Feb. 19/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Mrs. Elsie Snyder Nursing Home, 4700 Harford Rd		Balto.			
60 c. Length of stay in Baltimore		Life		Yrs. Mos. Days	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Female	W	Widow	Sept. 29, 1872	79	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None				Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph Lind		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Helen Lehman, 3045 Walbrook Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
42011		Coronary Thrombosis		7 days	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Arteriosclerotic Cardiovascular Disease		3 yrs.	
II		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		Disease			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5 November 1948 to 19 February 1952 that I last saw the deceased alive on 14 Feb, 1952, and that death occurred at 5:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
E. W. Edwards		2746 The Alameda		21 Feb 52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Feb. 22/52		Lorraine Pk.	
				24D. LOCATION (City, town, or county) (State)	
				Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 21 1952		Huntington Williams		4101 Edmondson Ave.	

11

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-256
52 1709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1709

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Kragner</i>		2. DATE OF DEATH <i>Feb. 20-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3305 Southern Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3305 Southern Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb. 17-1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) <i>79</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Henry C. Yeager</i>		14. MOTHER'S MAIDEN NAME <i>Grebb</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Isaac Portman, same</i>		ADDRESS	

18. <i>420.11</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive arteriosclerosis C.U.D.</i>		(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Pulmonary emphysema</i>		(C)	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 1950</i> to <i>Feb. 20, 1952</i> , that I last saw the deceased alive on <i>Feb. 6, 1952</i> , and that death occurred at <i>7:00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS M. D. <i>4118 Howard Rd</i>		23C. DATE SIGNED <i>2/20/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/23/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Park Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 21 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>L. B. [Signature]</i> ADDRESS <i>5305 Hayford Rd</i> <i>937</i>	

Dr. Haase

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1710**

 BIRTH NO. **52 1710**

1. NAME OF DECEASED (Type or Print) BILZER Edward		2. DATE OF DEATH Feb 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home + Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-04	
c. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2244 E. Chase St. Balt.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 5, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		9. AGE (in years last birthday) 46	
10B. KIND OF BUSINESS OR INDUSTRY Guard		11. BIRTHPLACE (State or foreign country) MD.	
13. FATHER'S NAME Edward Bilzer		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Caroline Rudolf	
16. SOCIAL SECURITY NO. 215-015-070		17. INFORMANT daughter ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Multiple myocardial infarction	DUE TO	3 weeks
ANTECEDENT CAUSES	(B) arterio sclerotic heart disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
(C)		

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

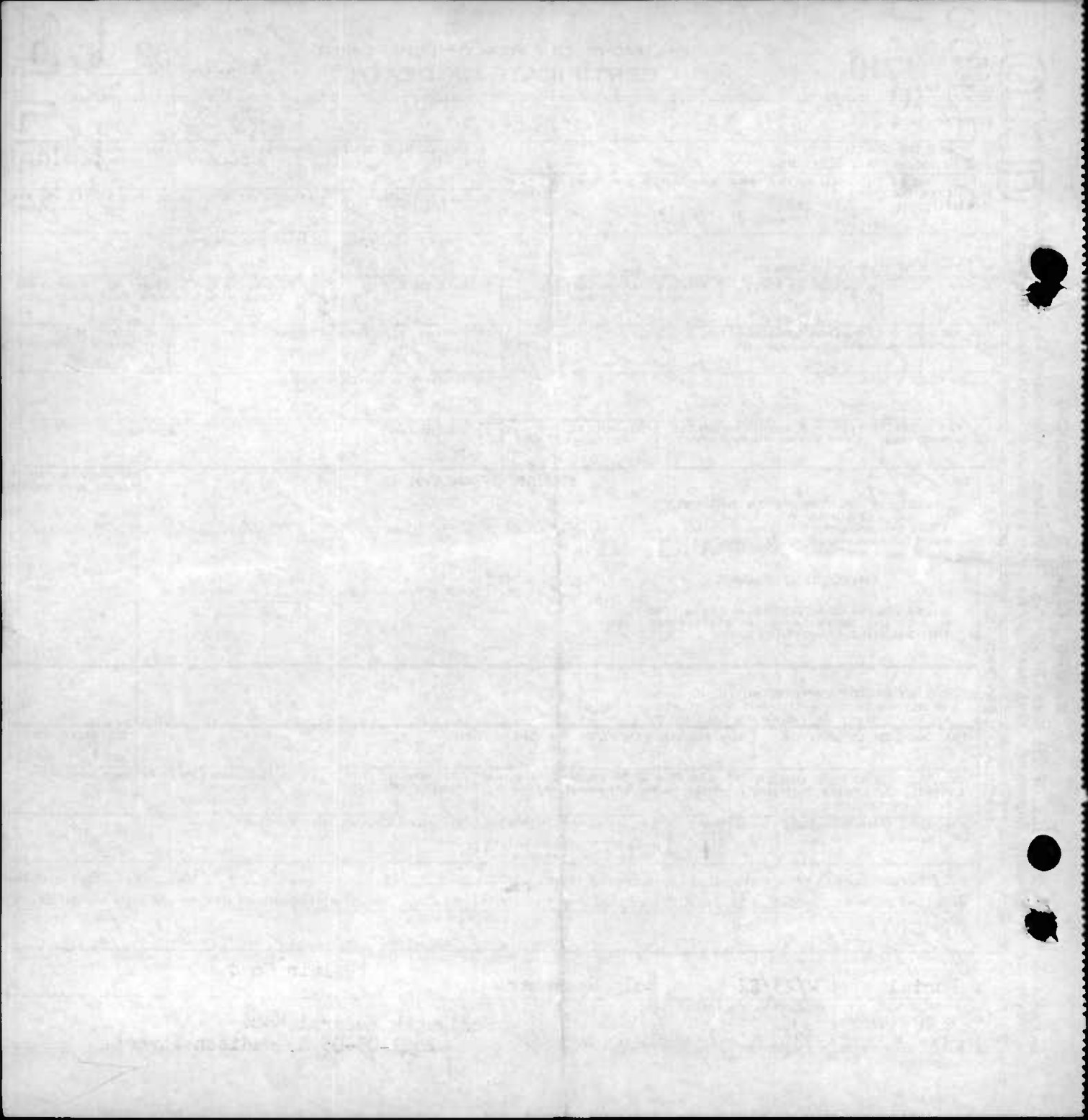
19A. DATE OF OPERATION 2/23/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 3, 1952 to Feb 19, 1952 that I last saw the deceased alive on Feb 19, 1952 and that death occurred at 2 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS M.D. Schimunek Funeral Home		23C. DATE SIGNED 2/19/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/23/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
				24D. LOCATION (City, town, or county) (State) Belair road	

DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Schimunek Funeral Home	ADDRESS 2601-03-05 E. Madison Street
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93D



G-1600 1711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1711

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATRICE

GRAY

2. DATE
OF
DEATH

February 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3823 Belair Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 7, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Gould

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles E. Gray, 3823 Belair Road

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/23/52

24C. NAME OF CEMETERY OR CREMATORY

Cokesbury Cemetery

24D. LOCATION (City, town, or county)

Abingdon,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

K. M. Cook, Inc., 1217 St. Paul Street

VS 151

92D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or Print)		BIRTH NO.	
2. PLACE OF DEATH Baltimore City, Maryland		3. FULL NAME OF HOSPITAL OR INSTITUTION	
4. STREET ADDRESS (If more than one line, give location)		5. CITY OR TOWN (If outside corporate limits, write full name and give township)	
6. STATE		7. DATE OF DEATH (Type or Print)	
8. COLOR OR RACE		9. SEX	
10. USUAL OCCUPATION (If none, state last one held)		11. KIND OF BUSINESS OR INDUSTRY	
12. FATHER'S NAME		13. MOTHER'S MAIDEN NAME	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		15. SOCIAL SECURITY NO.	
16. INFORMANT		17. ADDRESS	
18. CAUSE OF DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (The cause and manner of death are stated in the first sentence, although it is common to describe injury or complication which caused death.)			
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST			
19. DATE OF OPERATION			
20. TIME (Approx.) (Date) (Time) (How) OF INJURY			
21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING TO CAUSE OF DEATH			
22. PLACE OF INJURY (If none, state where injury occurred)			
23. HOW DID INJURY OCCUR?			
24. I certify that I took charge of the remains described above, held on the premises obtained by and autopsy, inspection or inquiry, and that and deceased died on the day stated above and death in my opinion resulted from: natural causes [] accident [] suicide [] homicide [] undetermined []			
25. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR			
26. NAME OF CEMETERY OR CREMATORY - 26B. LOCATION (Give street or number)			
27. FUNERAL DIRECTOR			
28. DATE RECEIVED BY LOCAL REGISTRAR			
29. REGISTRAR'S SIGNATURE			
30. ADDRESS			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1712

BIRTH NO. 52 1712

1. NAME OF DECEASED (Type or Print) <u>Adam Parsley</u>			2. DATE OF DEATH <u>Feb 20 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>X</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>42 Sinai Hospital Inc.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>3-01</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>348 Spring Court</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-8-13</u>		9. AGE (In years last birthday) <u>38</u> N Under 1 Year Months: Days: N Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Van Press</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Thomas Parsley</u>			14. MOTHER'S MAIDEN NAME <u>Louise Barnes</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT ADDRESS <u>Margaret Parsley 348 Spring Court</u>		

18. <u>581.0</u> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Hemorrhage of stroke</u> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Cerebral aneurysm & aneurysm</u> DUE TO <u>and hydrocephalus</u>		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>2/2/52</u> <u>3</u>		19B. MAJOR FINDINGS OF OPERATION <u>Cerebral aneurysm with aneurysm</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/9</u> , 19 <u>51</u> , to <u>Feb 20</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 20</u> , 19 <u>52</u> and that death occurred at <u>6:15 AM</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Allen H. Mark</u> M. D.		23B. ADDRESS <u>Sinai Hospital</u>		23C. DATE SIGNED <u>2/20/52</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-23-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 21 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Willy & Zeln</u>		ADDRESS <u>4203 S. Wolfe Street</u>	

VS 150

5244

124B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1713 Registered No.

BIRTH NO. 52-02324

1. NAME OF DECEASED
(Type or Print)

REESE, MARY

2. DATE
OF
DEATH

Feb. 20 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3137 Liberty Parkway

c. Length of stay in Baltimore

Life 21

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 28, 1922

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Reese

14. MOTHER'S MAIDEN NAME

Ethel Headley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

no

no

17. INFORMANT

Mother 13137 Liberty Pky

18.

501X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Laryngo Tracheobronchitis 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 18, 1952, to Feb 20, 1952, that I last saw the deceased alive on Feb 20, 1952 and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Mary E. Matthews M.O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

Feb. 20 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Rural Feb 23/52

Meadow Ridge

Howard Co Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952

Handwritten signature

Handwritten address

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE IN PLAIN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1714**

BIRTH NO. **52 1714**

1. NAME OF DECEASED (Type or Print) GUSTAV ADOLPH KRAUSE			2. DATE OF DEATH Feb. 18, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3025 Eastern Ave.			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION do			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3025 Eastern Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10B. KIND OF BUSINESS OR INDUSTRY Wholesale grocery	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frederick Krause			14. MOTHER'S MAIDEN NAME Bertha Gruenwald		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Bertha Krause 3025 Eastern Ave. 24		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Insufficiency Angina Pectoris			INTERVAL BETWEEN ONSET AND DEATH 12 hours 12 yrs. 12 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 10, 1948 to Feb. 18, 1952 , that I last saw the deceased alive on Feb. 17, 1952 , and that death occurred at 8:30 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph L. Linder		23B. ADDRESS 2348 Eastern Ave.		23C. DATE SIGNED 2/20/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 22, 1952	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Colgate, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1952		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR ADDRESS Fullrich Funeral Home 2008 Orleans St.	

1877

1877

Thompson's Infanterie
General-Adjutant
Königliche Preussische

Am 12. d. M.
An den Herrn
Herrn General-Adjutant
Königliche Preussische

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1715
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. FEULNER

2. DATE
OF
DEATH

2-18-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

35 S. MONASTERY AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

35 S. MONASTERY AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 26, 1891

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAFFER

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. GOV'T.

11. BIRTHPLACE (State or foreign country)

WASH., D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN

14. MOTHER'S MAIDEN NAME

ANNIE C. RUEHL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. Feulner - 35 S. Monastery Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 1951, to Feb. 18, 1952, that I last saw the
deceased alive on Feb. 17, 1952, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952

VS 150

6F2 91

46B

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Handwritten text in the middle section, appearing to be a list or series of entries.

Handwritten text in the lower middle section, possibly a signature or a specific entry.

Handwritten text at the bottom of the page, possibly a footer or concluding remarks.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1716

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank C Shriver

2. DATE
OF
DEATH

2/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours-

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

West Virginia Fairmont

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fairmont V-45

D. STREET ADDRESS (If rural, give location)

207 Circle Drive Peacock Park

c. Length of stay in Baltimore

2 mo 23

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 8 1880

9. AGE (in years
last birthday)

71 72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Coal Broker

11. BIRTHPLACE (State or foreign country)

Monongalia County West Va - U.S.A.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lee R. Shriver

14. MOTHER'S MAIDEN NAME

Margaret Ann Clous

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

PEARL-Shriver 207 Circle Drive West

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Myocardial Infarction

7 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Art Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diaphragmatic Hernia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 2/19/52, 19__, to 2/20/52, 19__, that I last saw the
deceased alive on 2/20/52, 19__ and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John E. Canale Jr.

23B. ADDRESS

Bon Secours

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-21-52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Margaret West Virginia

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 21 1952

Huntington, William, Md

George Farley, 1414 Ave. Fayette St.

VS 150

29068

94a

25 1215

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25 1215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 1717

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George C. Witte

2. DATE
OF
DEATHFebruary 19
1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. STATE B. COUNTY before admission)

M.D.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONVentnor Lodge
576 S. CHAPEL GATE LANEC. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BATONSVILLE

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5 BEAUMONT AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

DEC. 16, 1876

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman - Ret.

10B. KIND OF BUSINESS OR
INDUSTRY

Chemicals

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Sophie Sherman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Grace L. Witte, 5 Beaumont Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Chronic disease of MITRAL
VALVE

DUE TO

(B)

Rheumatic heart disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Sensitivity and generalized ARTERIO-
sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from _____, 1951, to February 18, 1952, that I last saw the
deceased alive on Feb. 18, 1952, and that death occurred at 8:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

5000 Old Frederick Road

23C. DATE SIGNED

2/19/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-22-52

24C. NAME OF CEMETERY OR CREMATORY

Landon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Ind.

DATE RECEIVED BY
LOCAL REGISTRAR
FEB 21 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George B. Taylor, 1111 N. E. 1st St.

ADDRESS

WA 2 288 229 115.2 2470

52 1718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1718

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM AUGUSTUS HITCHCOCK

2. DATE
OF
DEATH

FEB. 20 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

(before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

1363 Weldon Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

US Public Health Service

Myran Pk. Drive & 31st St.

Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1/27/1894

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coast Guard Retired.

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph C. Hitchcock

14. MOTHER'S MAIDEN NAME

Nancy Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

US Coast Guard.

16. SOCIAL SECURITY NO.

215-30-1099

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Balto. Md.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage, recent

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Approx.

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease

DUE TO

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1952, to Feb. 21, 1952 that I last saw the deceased alive on Feb. 21, 1952, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson

23B. ADDRESS

US PH Hospital, Balto. Md.

23C. DATE SIGNED

2/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

VS 150

59591 Horace F. Burgee

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8171

82

UNITED STATES

DEPARTMENT OF

8171

82

UNITED STATES

DEPARTMENT OF

1

2

3

4

5

6

7

8

9



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1719		BALTIMORE CITY HEALTH DEPARTMENT		52 1719	
XV-452		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JESSIE W. WILLIAMS		February 19, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Franklin Square Hospital		Baltimore		18-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (if rural, give location)		1215 Hollins St.	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Divorced	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Salesman		Retired		March 9, 1870	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (In years last b' thday)	
James Williams		Margaret F. Barrett		81	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country)	
No		218-10-8386		Delaware	
		17. INFORMANT		12. CITIZEN OF WHAT COUNTRY?	
		Watson Funeral Home			
		Seaford, Del.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriosclerotic Cardiovascular Disease		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
Stanley S. Dinschlag		M.D.		Feb. 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Removal		Feb. 21, 1952		Seaford Cem.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
Seaford, Delaware		1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
		Huntington Williams			
VS 151					

937 ✓

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

52 1720 04045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1720
Registered No.

BIRTH NO. 52 - 04048		2. DATE OF DEATH 2/21/52	
1. NAME OF DECEASED (Type or Print) BABY GIRL PETERS		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE Maryland B. COUNTY 25-43	
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland		C. CITY OR TOWN Baltimore - 30 -	
c. Length of stay in Baltimore 47 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2536 Washington Boulevard -	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH February 21, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Edward Joseph Peters		11. BIRTHPLACE (State or foreign country) Baltimore - Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or no known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Edward J. Peters		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fetal Anoxia DUE TO ANTECEDENT CAUSES (B) Cause Undetermined DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 35 minutes
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on 2/21, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Kenneth B. Boyd M. D.		23B. ADDRESS 1114 St. Paul St	
23C. DATE SIGNED 2/21/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-22-52	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) Frederick Rd	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE, Huntington Williams, M.D.	
FEB 22 1952		25. FUNERAL DIRECTOR Edward Loucks	
		ADDRESS Wash Blvd. Balto	

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52 1721

CERTIFICATE CORRECTED

10-24-52

BALTIMORE CITY HEALTH DEPARTMENT

52 1721

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-03023

1. NAME OF DECEASED Ruby Gean
(Type or Print) Baby Girl Kerns

2. DATE OF DEATH 2/6/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD. B. COUNTY 15-03B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO. WARWICK AVE

42 S. NAI

D. STREET ADDRESS (If rural, give location)
1656 WARWICK AVE.

c. Length of stay in Baltimore

7 YRS.

Yrs.
Mos.
Days

5. SEX F

6. COLOR OR RACE J

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 2-6-52

9. AGE (In years last birthday) Months: Days Hours: Min. 12

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) PENNA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN VALAJENE

14. MOTHER'S MAIDEN NAME HELEN KERNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 760.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 2-6-1952 to 2-6-1952, that I last saw the deceased alive on 2-6-1952 and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE Max Bulhain

M.D.

23B. ADDRESS Lusa Hospital

23C. DATE SIGNED 2/19/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 19 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

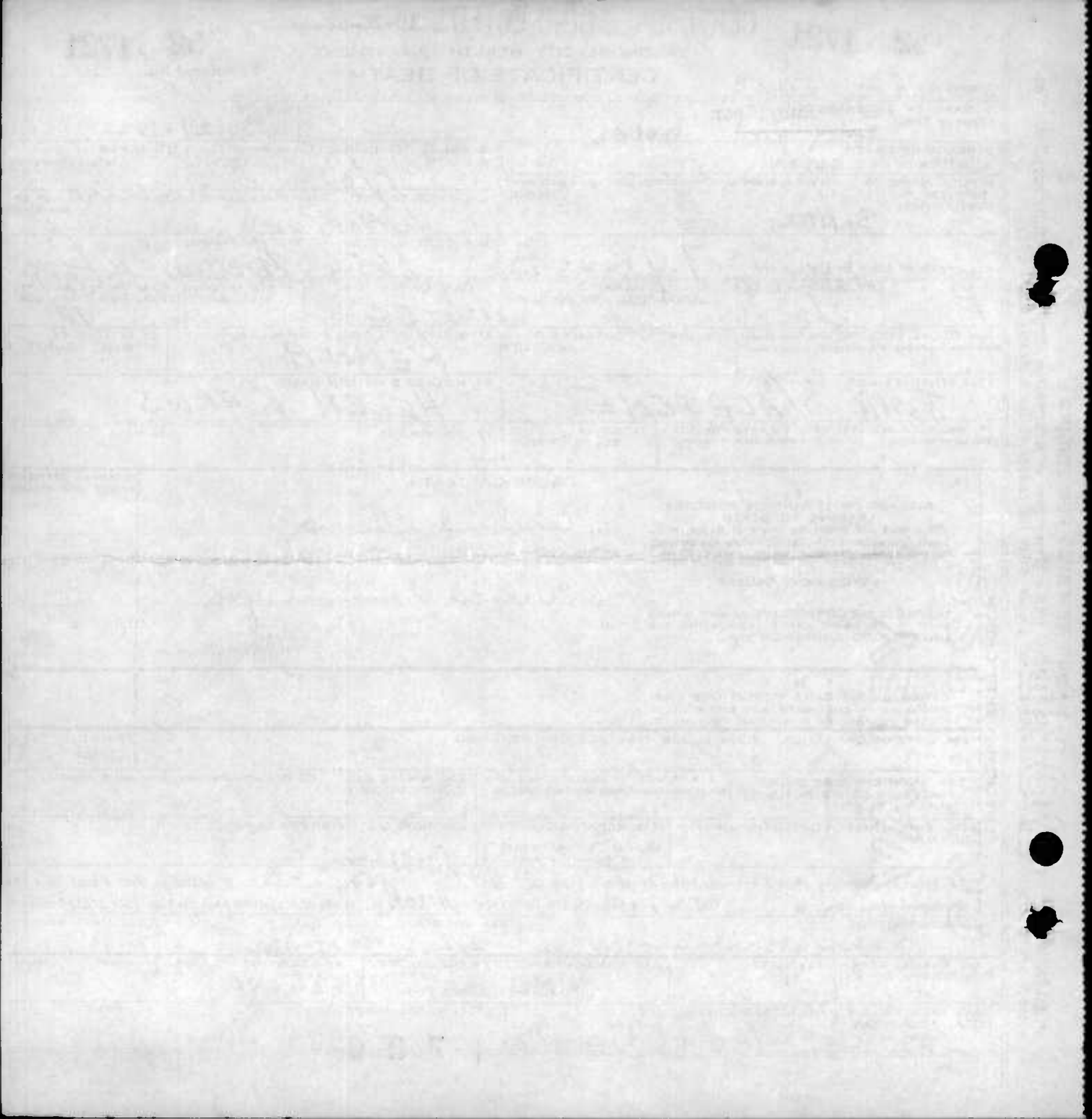
FEB 22 1952

Huntington Welligman M.D.

Commissioner of Health

VS 150

160a



PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1722

52 1722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52-06108

1. NAME OF DECEASED (Type or Print) BARBARA ANN ANDERS			2. DATE OF DEATH 2/16/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY 28-41		
b. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSP. OF MD.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #15		
c. Length of stay in Baltimore 20 hr., 12 min Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 4512 PENHURST AVE.		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2/16/52		9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min. 20 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME ELMER R. ANDERS		
14. MOTHER'S MAIDEN NAME ROSE BATTHELIA			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no) (If yes, give war or dates of service) NO.		
16. SOCIAL SECURITY NO. —			17. INFORMANT ADDRESS MOTHER		

18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) _____ DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH 20 hr., 12 min	
ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 2/16/52		19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from 2-16-1952 to 2-16-1952 , that I last saw the deceased alive on 2-16-1952 and that death occurred at 9:50 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE William S. Daly		23b. ADDRESS Lutheran Hosp. of Md.		23c. DATE SIGNED 2/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) —		24b. DATE —		24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24d. LOCATION (City, town, or county) (State) FEB 19 1952					

DATE RECEIVED BY LOCAL REGISTRAR FEB 22 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS —	
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159

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DIRECTOR OF THE BUREAU OF THE
CENSUS

APRIL 10 1900

WASHINGTON

U. S. DEPARTMENT OF COMMERCE

OFFICE OF THE DIRECTOR

WASHINGTON

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APRIL 10 1900

WASHINGTON

U. S. DEPARTMENT OF COMMERCE

OFFICE OF THE DIRECTOR

WASHINGTON

B-656

52 1723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1723
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Franklin Barnhart

2. DATE
OF
DEATH

2/20/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4200 Stanwood Avenue

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Feb 15 1901

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

St Rochs Comm

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S

13. FATHER'S NAME

William H. Barnhart

14. MOTHER'S MAIDEN NAME

Mumma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Wife

ADDRESS

4200 Stanwood Ave

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Coronary Thrombosis

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Generalized arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1952, to Feb. 20, 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter Anderson

M. D.

23B. ADDRESS

3001 Shannon Drive (13) 2-21-52

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/51

24C. NAME OF CEMETERY OR CREMATORY

Fort Methodist

24D. LOCATION (City, town, or county)

Baltimore Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Thompson & Lane

ADDRESS

7401 Belair Rd

VS 150

52324

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

EXAMINEE'S TEST RESULTS
CERTIFICATE OF DEATH

Page 1 of 1

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C-636

52 1724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1724

BIRTH NO. 52-03528

1. NAME OF DECEASED
(Type or Print)

Baby Girl Carter

2. DATE
OF
DEATH

Feb 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE CITY

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 25-06

D. STREET ADDRESS (If rural, give location)

3205 Tate ST.

c. Length of stay in Baltimore

LIFE 2

5. SEX

F.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

infant

8. DATE OF BIRTH

Feb 15, 1952

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

2

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

infant

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

PAUL CARTER

14. MOTHER'S MAIDEN NAME

MERIE Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

infant no

17. INFORMANT

ADDRESS

3205 Tate ST.

18.

776X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Prematurity

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1952 to Feb 17, 1952 that I last saw the deceased alive on Feb 17, 1952 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. E. Matthews

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Feb-18-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 21 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

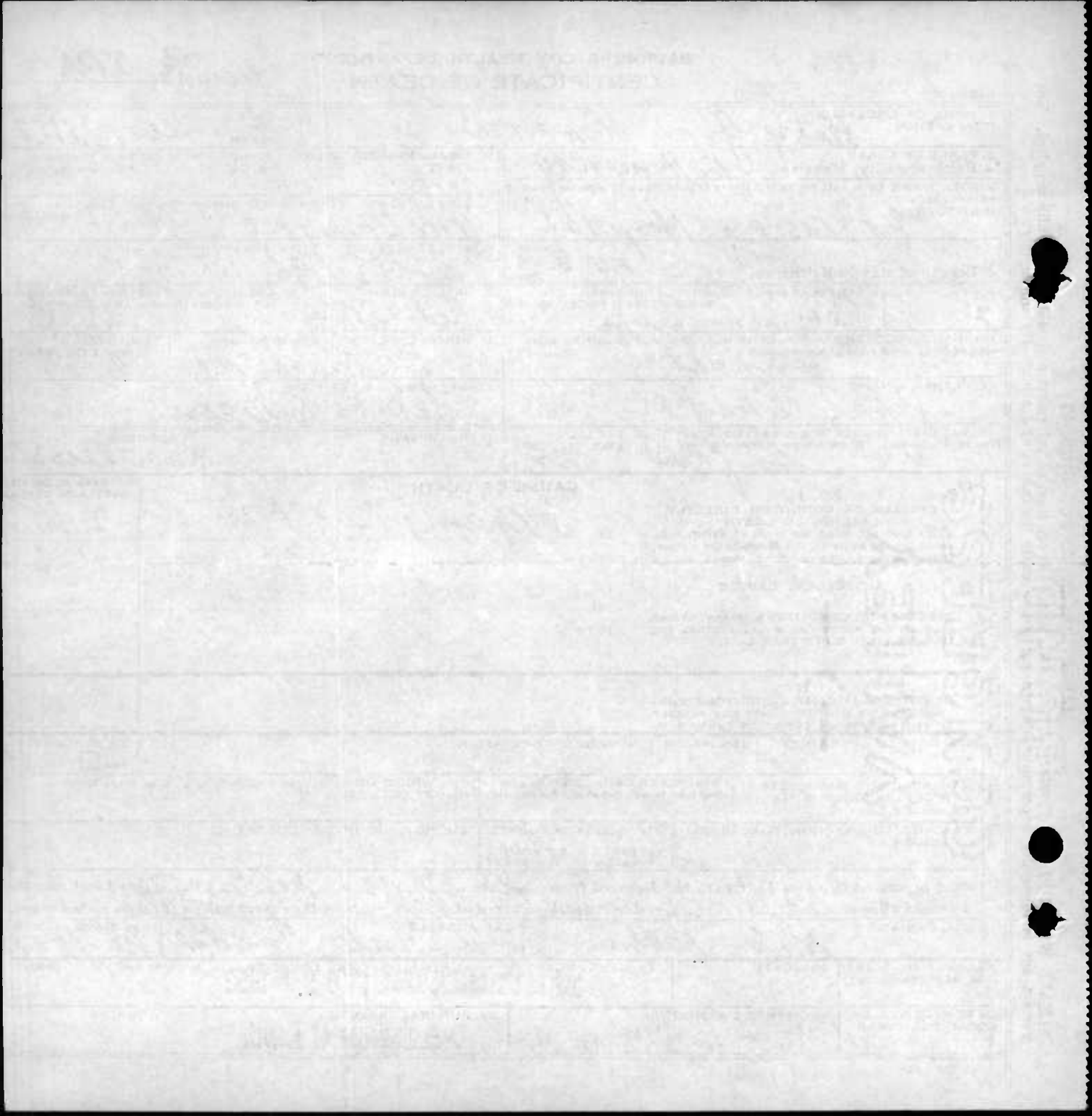
Commissioner of Health

VS 150

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1725

BIRTH NO. 52-03869

1. NAME OF DECEASED
(Type or Print)

Baby Boy Keller

"B"

2. DATE
OF
DEATH

Feb. 18, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

28 University Hosp. + CL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY C. before admission)

Baltimore, Md. Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. BALTIMORE, MD

D. STREET ADDRESS (If rural, give location)

8143 Bellmunt Road

c. Length of stay in Baltimore

1 Yr.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 12, 1952

9. AGE (In years last birthday)

11 Under 1 Year
Months: Days: 110A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Vergil Ira Keller

14. MOTHER'S MAIDEN NAME

Bertha Ira Hare

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother above

18. 767.5 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Atelectasis

1 Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Prematurity

1 Day

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb. 18, 1952, to Feb. 18, 1952, and that I last saw the
deceased alive on Feb. 18, 1952, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M.E. Matthews

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

Feb 18 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

FEB 21 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1952

Huntington Williams, M.D.

Commissioner of Health

150

150

STATE OF NEW YORK

150

150

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IN SENATE
JANUARY 15, 1902
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899
ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1902

B-650 52 1726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1726

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lammie Brown

2. DATE
OF
DEATH

Feb 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

A 2

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2101 E. Chase St

c. Length of stay in Baltimore 15 Yrs.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18.

171X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24-1952 to 2-19-1952 that I last saw the
deceased alive on 2-19-1952 and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/24/1952

Mt. Calvary

Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

FEB 22 1952

H. H. Wilson

1000 Bently way

VS 150

48a

MARGIN RESERVED FOR BINDING

PLAYED BY, WITH UNFADING INK. Every item of information should be fully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE JOHNS HOPKINS HOSPITAL

ND-147688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mattie Baker

2. DATE
OF
DEATH

Feb. 19, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

1519 Presstman St. (17)

c. Length of stay in Baltimore

14 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Oct. 13, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abie Nelson

14. MOTHER'S MAIDEN NAME

Janie Honeycutt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Far Advanced Carcinomatosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of the Cervix (Squamous cell)

DUE TO

2 Yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1951, to 2-19, 1952, that I last saw the
deceased alive on 2-19, 1952, and that death occurred at 7:20 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb 22 1952

Rosewood

Roanock, Ala.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1952

Huntington Williams, M.D.

Eliza W. Wilson

VS 150

1000 Brantley Ave

480

UNIT 8

THE STATE OF NEW YORK

IN SENATE

January 1, 1902

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR

ENDING DECEMBER 31, 1901

ALBANY:

THE STATE PRINTING OFFICE

1902.

1002343

NEW YORK:

THE STATE PRINTING OFFICE

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NEW YORK:

THE STATE PRINTING OFFICE

1902.

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NEW YORK:

THE STATE PRINTING OFFICE

1902.

1002343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

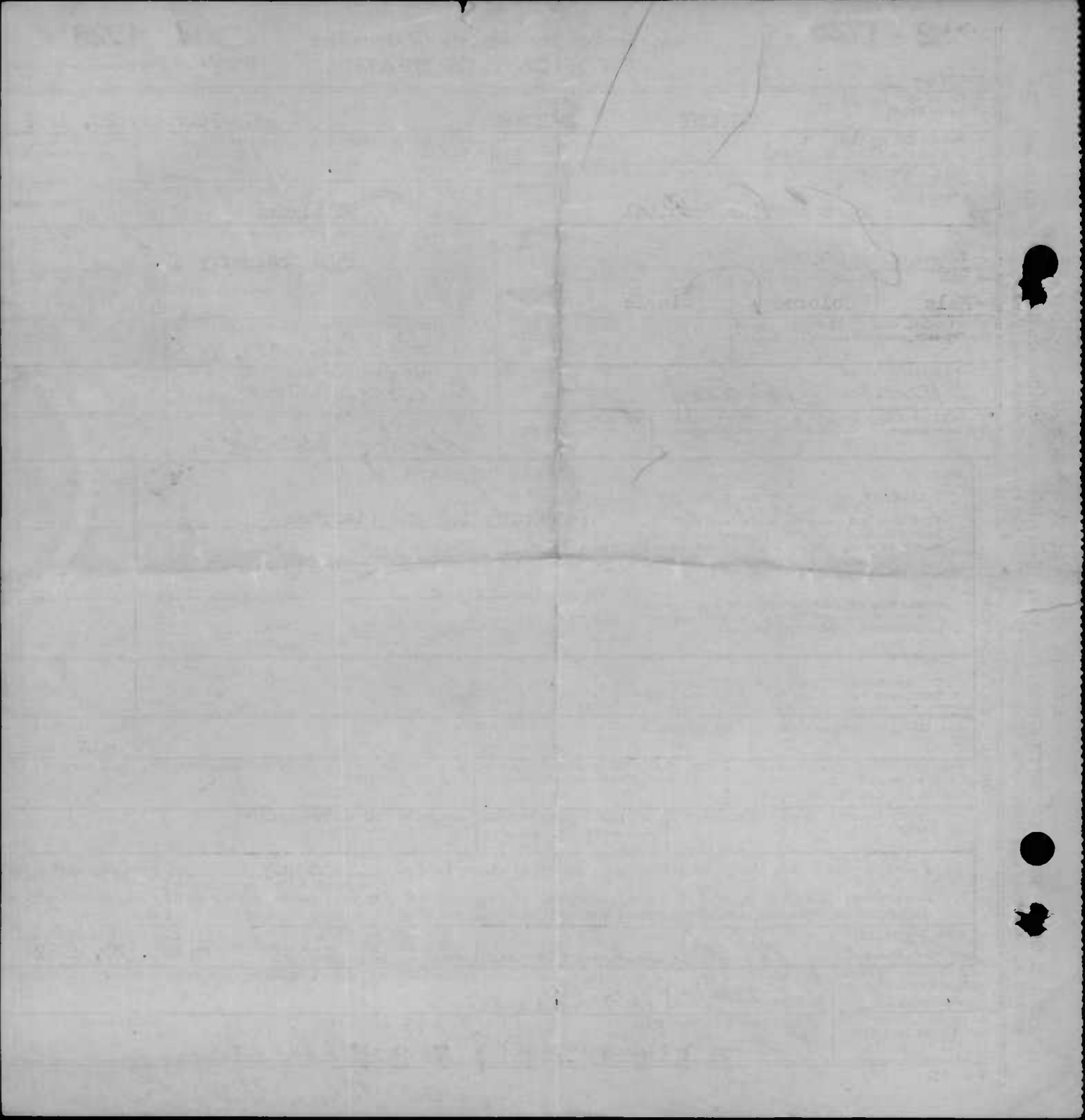
52 1728
250
BIRTH NO. 51-23989

52 1728

1. NAME OF DECEASED (Type or Print) ANTHONY JACKSON		2. DATE OF DEATH February 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1530 McElderry St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb 13, 1951
9. AGE (In years last birthday) 4		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. MOTHER'S MAIDEN NAME Ruby Jackson	
13. FATHER'S NAME James Dorsey		14. MOTHER'S MAIDEN NAME Ruby Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ruby Jackson		ADDRESS	

18. 571.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Dehydration and Diarrhea	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(A) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dumlach, M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Feb. 20, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 22nd 1952		24C. NAME OF CEMETERY OR CREMATORY MT Calvary	
24D. LOCATION (City, town, or county) (State) Baltimore, Md		25. FUNERAL DIRECTOR Charles Wilson		ADDRESS 1000 Brantley av 119a	
DATE RECEIVED BY LOCAL REGISTRAR FB221952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

2000

1/18

RECEIVED

2/18/00

2/18/00

2/18/00

2/18/00

8-362

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1730

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN S. PATTERSON

2. DATE
OF
DEATH

2-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland. Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 12 (Rodgers Forge)

C. Length of stay in Baltimore

47

Mos.
Days

D. STREET ADDRESS (If rural, give location)

405 Regester Ave.

53-00

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-8-90

9. AGE (In years
last birthday)

47.

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John S. Patterson, Sr.

14. MOTHER'S MAIDEN NAME

Helen G. Hutchins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Miss Emma M. Patterson - 405 Regester Ave

AD Balto. 12, Md.

18.

331X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1952, to 2-21, 1952, that I last saw the deceased alive on 2-21, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hamington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto Md 83a

FEB 22 1952

VS 150

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

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A-352
52 1731

LA-4321

9-03
52 1731BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH PRITCHETT ADAMS

2. DATE
OF
DEATH

Feb. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

620 E. 34th, St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

620 E. 34th, St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 4, 1868

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William T. Pritchett

14. MOTHER'S MAIDEN NAME

Margaret White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. William Cogswell - 513 Park Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardio-
Vascular Disease

5 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1952 to 2-10, 1952 that I last saw the
deceased alive on 2-19, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Lickner

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

2/20/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

VS 150

937 Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

100

RECEIVED
OFFICE OF THE
SHERIFF
COUNTY OF CLATSOP
JAN 10 1900

100

100



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

GERALDINE S. POTTER

2. DATE
OF
DEATH

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

333 Ilchester Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

333 Ilchester Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

May 15, 1903

9. AGE (In years
last birthday)

48

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR INDUSTRY

Sewing Machine

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Hovis

14. MOTHER'S MAIDEN NAME

Bertha Hager

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wilbur Chamberlin - 333 Ilchester Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of Uterus

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

9 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to Feb. 21, 1952, that I last saw the
deceased alive on Feb. 21, 1952, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Loy M. Zimmerman M. D.

23B. ADDRESS

2050 Harford Rd

23C. DATE SIGNED

Feb 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

Princes Church Cem.

24D. LOCATION (City, town, or county)

Waynesboro, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

690 46

Batto Md.

DEATH CASES OF DEATH
NATIONAL BUREAU OF HEALTH SERVICE

1935

1935



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1733
BIRTH NO. 51-26924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1733

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
APRIL Berman			February 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			A. STATE Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Balto Md		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Seymore Berman			14. MOTHER'S MAIDEN NAME Jane Askel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS Seymore Berman - Jane		
16. SOCIAL SECURITY NO.					
18. 575X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Interstitia pneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21F. HOW DID INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunbar M.D.			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED Feb. 22, 1952					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 2-22-52		
24C. NAME OF CEMETERY OR CREMATORY Huntington			24D. LOCATION (City, town, or county) (State) Balto Md		
25. FUNERAL DIRECTOR Huntington Williams M.D. Jack Lewis			ADDRESS 2100 Sutton Pl		

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52 1734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1734
Registered No.

BIRTH NO.

081804

1. NAME OF DECEASED
(Type or Print)

Orison Wayne BAKER

2. DATE
OF
DEATH

2.13.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.; Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

48 Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4-01

D. STREET ADDRESS (If rural, give location)

1 W. Franklin St #1

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 24-1902

9. AGE (in years last birthday)

49

If Under 1 Year

Months

If Under 24 Hours

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CPA - income tax

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

American

13. FATHER'S NAME

Leslie

14. MOTHER'S MAIDEN NAME

Amy Herskner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

215-079700

17. INFORMANT

ADDRESS

Hospital Record

18.

900.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Lymphosarcoma, Generalized 1+ yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.13.52, 19, to 2.19, 1952 that I last saw the deceased alive on 2.19, 1952 and that death occurred at 9¹⁰ A.m., from the causes and on the date stated above.

23A. SIGNATURE

See-jun Liu

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

Feb. 19/1952

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 22 1952

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

TOWSON Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. H. Henshaw 3330 W 4905 York Rd

FEB 22 1952

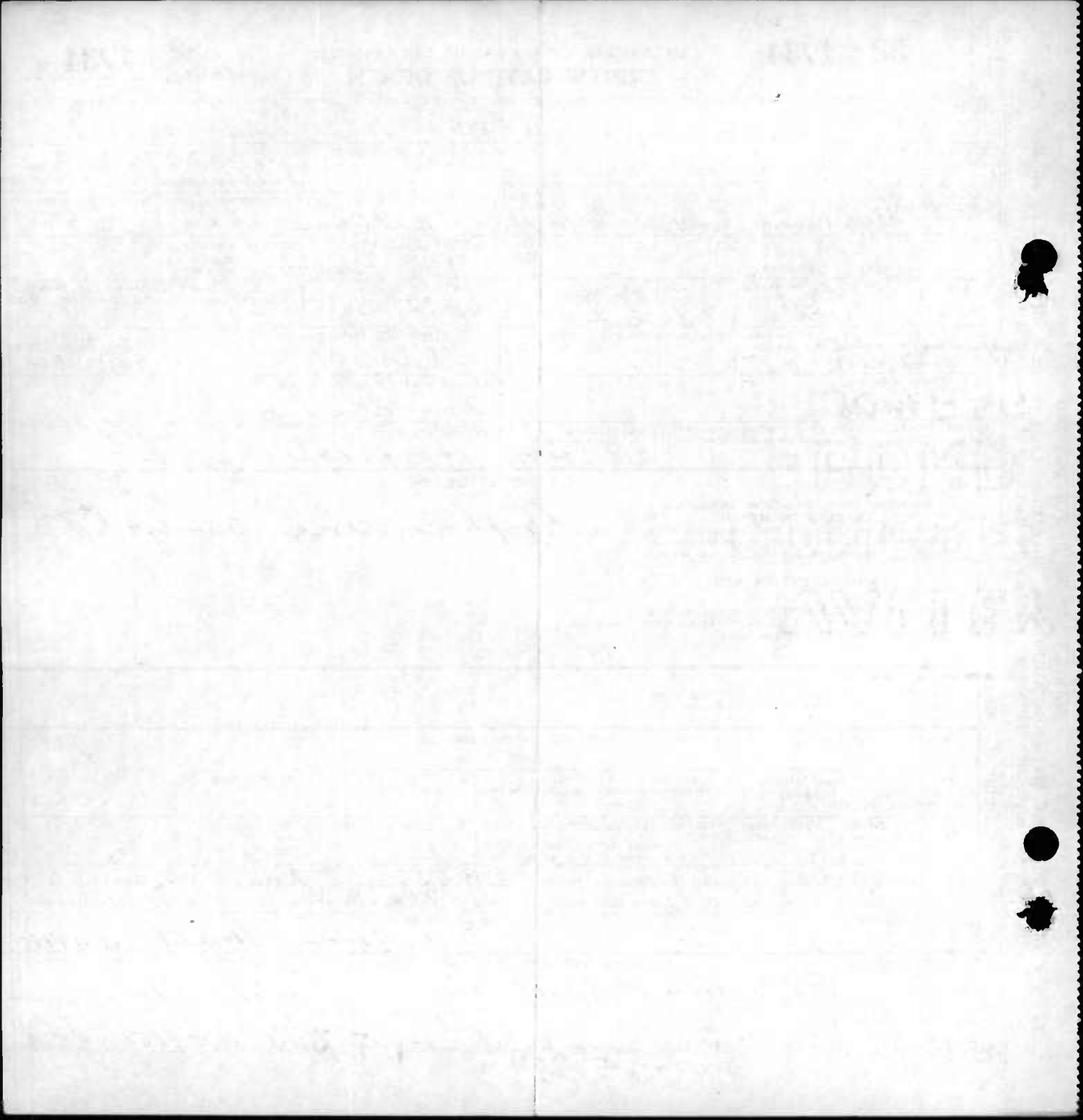
VS 150

502081

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



52 1735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1735
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LEROY HOLT

2. DATE
OF
DEATH

February 19, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 445 N. Clinton St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

445 N. Clinton St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1, 1899

9. AGE (In years last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR

INDUSTRY
Balto. City Fireman

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James A. Holt

14. MOTHER'S MAIDEN NAME

Amelia Edler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

Anna Holt

ADDRESS

445 N. Clinton St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Acute Coronary Thrombosis

DUE TO

2-12-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Coronary Occlusion

2-19-52

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ HOME ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-51, to 2-19-52, that I last saw the deceased alive on 2-13, 1951, and that death occurred at 11:50 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-23-52.

Baltimore National Cemetery 5501 Frederick Ave. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1952

Huntington, William M. P. 901 S. Conkling St.

VS 150

762 93

94a

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1915

1915

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ETTA MARIE WHITE

2. DATE
OF
DEATH

2-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 2 9-09

c. Length of stay in Baltimore ? 9 Yrs. Mon. Days

D. STREET ADDRESS (If rural, give location)

1322 Winton St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-22-96

9. AGE (In years last birthday)

55

If Under 1 Year Months: Days

5 29

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Grant G. Brown.

14. MOTHER'S MAIDEN NAME

Mary E. Husted

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

None.

16. SOCIAL SECURITY NO.

217242074

17. INFORMANT ADDRESS

Mitchell G. White, 1322 Winton St.

18.

330X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE OF DEATH

Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952, to 2-21, 1952, that I last saw the deceased alive on 2-21, 1952, and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James A. Ford

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

& North Ave, Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George J. Ruth Inc

ADDRESS

1735 Hanford Ave

UNITED STATES DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Date of marriage	
13. Name of physician		14. Name of funeral director		15. Name of informant		16. Signature of informant	
17. Name of registrar		18. Signature of registrar		19. Date of registration		20. Place of registration	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-21, 1952, to 2-21, 1952, that I last saw the deceased alive on 2-21, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

52 1738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1738

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Kelly

2. DATE
OF
DEATH

2-21-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Edgewood Nursing Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6000 Bellona Ave.

D. STREET ADDRESS (If rural, give location)

6006 Henderson Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1884

9. AGE (In years last birthday)

68

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Kelly

14. MOTHER'S MAIDEN NAME

Annie O'Day

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. R. H. Wood, Ellicott City, Md

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arterio-sclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic myocarditis.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

none

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1950 to Feb 20 1952, that I last saw the deceased alive on Feb 20 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

D. Conlin Street, M. D.

23B. ADDRESS

8302 Park Ave.

23C. DATE SIGNED

21 Feb 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. C. Higginbotham, Ellicott City, Md.

VS 150

FEB 22 1952

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1739

BIRTH NO.

52 1739
52-040781. NAME OF DECEASED
(Type or Print)

Stover, Catherine Ann

2. DATE
OF
DEATH

2.21.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore 23

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

FRANKLIN Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 19-02

D. STREET ADDRESS (If rural, give location)

110 N - Calhoun Str.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1-10-11-C 2.21.52 Newborn

9. AGE (In years
last birthday) Months DaysIf Under 1 Year
Hours Min.If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Newborn

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Stover

14. MOTHER'S MAIDEN NAME

Elisabeth S. Stevenson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Atelectasis of Lungs, Anoxia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 21, 1952 to Feb 21, 1952 that I last saw the
deceased alive on 2.21. 1952, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Thacker

M. D.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

2.21.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/22/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, William M. J. Livingston & Bros - 1124 W.

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES OF AMERICA

John Doe

John Doe

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [Illegible]

DATE: [Illegible]

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1741
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT L. WILKINS

2. DATE
OF
DEATH

February 20, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1633 E. Madison Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 15, 1911

9. AGE (In years
last birthday)

40

It Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Wilkins

14. MOTHER'S MAIDEN NAME

Frances Wilkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Brother Cherry 305 Northland

18.

443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 21, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 22 1952

Huntington Williams M.D.

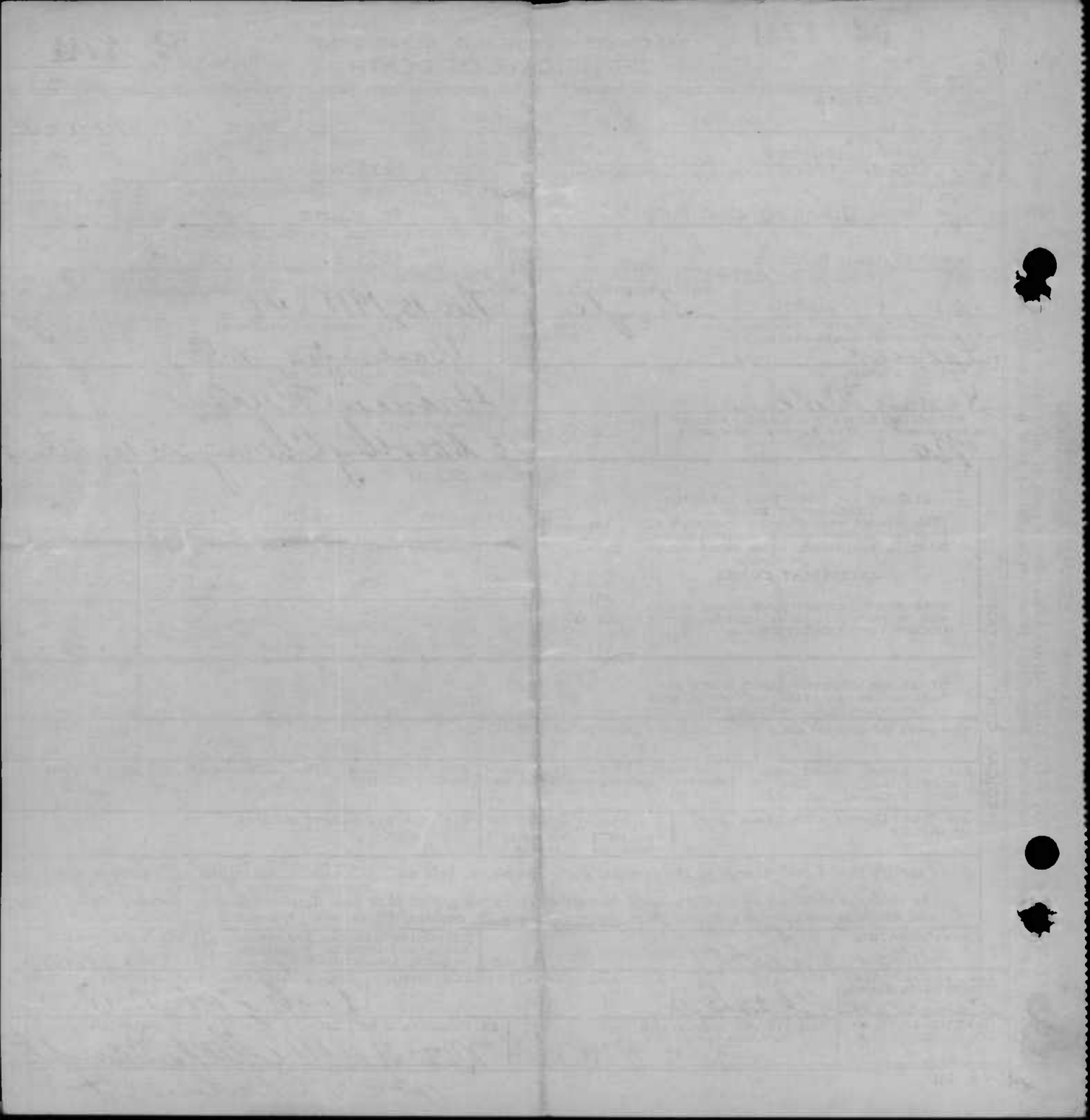
Mrs. Edith E. Ellery, Daughter

937

VS 151

97099

1129 N. Caroline St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1742
325

52 1742

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA ELIZABETH HUTSON

2. DATE
OF
DEATH

FEB. 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

317 GITTINGS AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO

27-12

D. STREET ADDRESS (If rural, give location)

317 GITTINGS AVE.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2-17-1893

9. AGE (in years
last birthday)

59

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

BENEDICT J. KAVANAUGH

14. MOTHER'S MAIDEN NAME

ANN ELIZABETH MCCORMICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

WILLIAM H. HUTSON

ADDRESS

SAME

18.

153X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Carcinoma of colon

INTERVAL BETWEEN
ONSET AND DEATH

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 1949
Nov 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma - splenic flexure (Colon)

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK☐NOT WHILE
AT WORK☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Feb 20, 1952, that I last saw the
deceased alive on Feb 17, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Sullivan M. D.

23B. ADDRESS

116 Chase St

23C. DATE SIGNED

Feb 22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-23-1952

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

PARKVILLE

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 22 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co.

ADDRESS

4905 York Rd

VS 150

46E

DR WM SULLIVAN
11 E CHASE

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 1743**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

MORGAN

2. DATE
OF
DEATH

February 20, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1404 N. Lakewood Avenue

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 24, 1895

9. AGE (In years last birthday)

11 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrocardiogram Technician for Hoffberger

10B. KIND OF BUSINESS OR INDUSTRY

Oil Business Rep.

11. BIRTHPLACE (State or foreign country)

Md

13. FATHER'S NAME

James J. Morgan

14. MOTHER'S MAIDEN NAME

Ellen Hoffberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. E. Morgan 1404 N. Lakewood Ave

18. E901.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

Contusion of brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Ice Co. 5 N. Haven St. (employed by Hoffberger)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

February 20, 1952 1 p.m.

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

fell 20 ft. from ladder

26/44

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Wood

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

Feb. 21, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 25 1952

24C. NAME OF CEMETERY OR CREMATORY

New Leathertide

24D. LOCATION (City, town, or county)

Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leo S. Leach 1701-03 N. Palt Park Ave

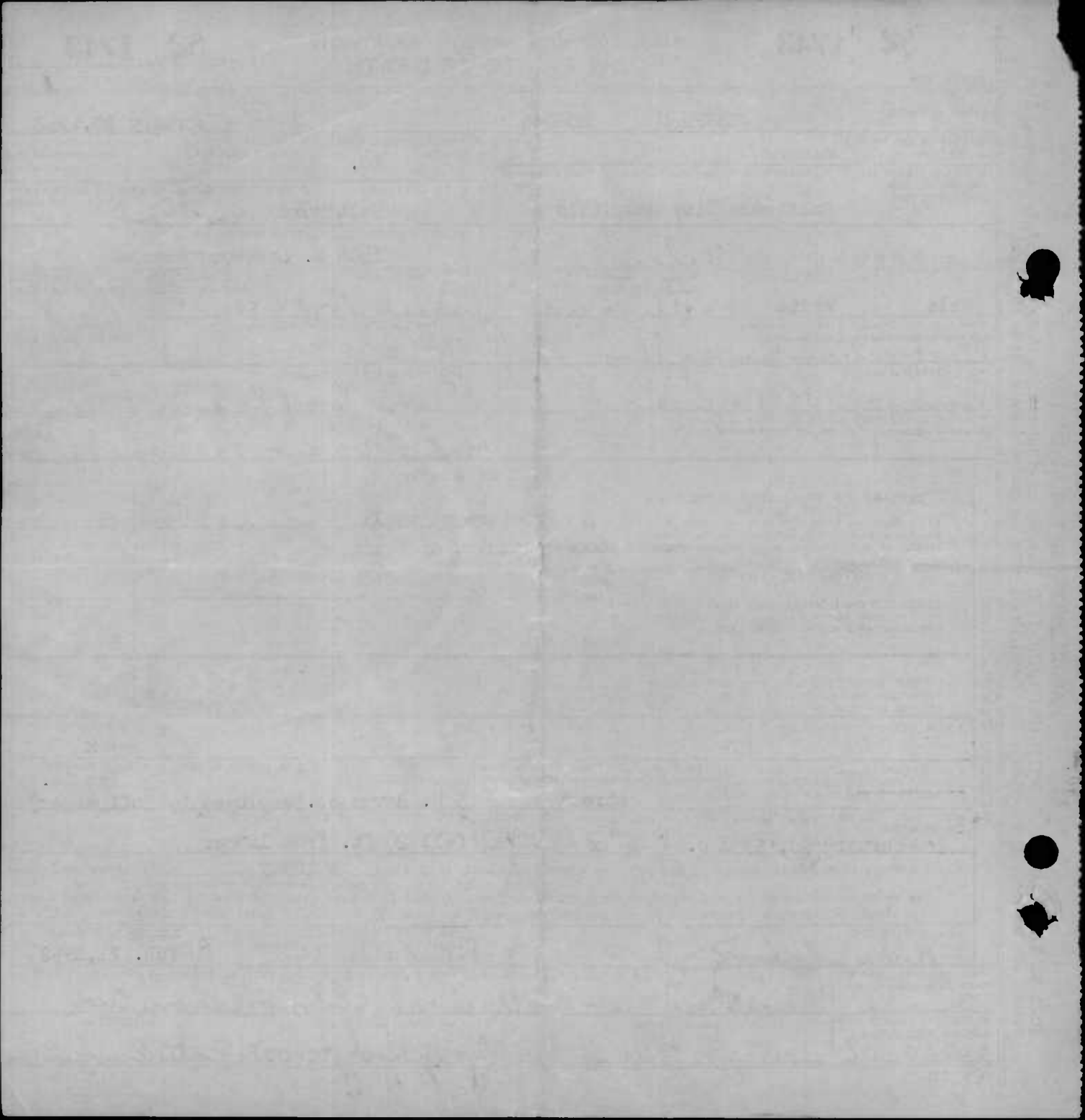
ADDRESS

VS 151

N - 803.2

575-8474

186a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1744

BIRTH NO. 52 - 03986

1. NAME OF DECEASED
(Type or Print)

Baby Girl SNEERINGER

2. DATE OF DEATH

2-16-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 10-01

D. STREET ADDRESS (If rural, give location)
604 E. Eager Street - 2

c. Length of stay in Baltimore

1 da.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 15, 1952

9. AGE (In years last birthday) Months Days Hours Min.

1

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm. Chas. Sneeringer

14. MOTHER'S MAIDEN NAME

Kathleen J. Nichols

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Father

18.

760.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis, bilateral

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cerebral hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-1952 to 2-16-1952, that I last saw the deceased alive on 2-16-1952, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Coppa

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

2-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-23-52

Holy Redeemer

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 23 1952

Wm. L. Coppa

L. J. Ruck

5305 Harford

8-18-82

1-5

52 1745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

Feb. 20-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write R.R., and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

420.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1952, to 2/20, 1952, that I last saw the
deceased alive on 2/20, 1952, and that death occurred at 8:00 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 23 1952

VS 150

* Pt had been under care of Dr. J. H. Hase. who was notified at 9:30 PM.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

Dr. Montoya

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1746
Registered No. _____

H-620
52 1746

1. NAME OF DECEASED (Type or Print) <i>Mary Agnes Horak</i>			2. DATE OF DEATH <i>Feb. 20-1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4220 E. Hamilton Ave</i>			C. CITY OR TOWN (If outside corporate limits write LOCAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>4220 E. Hamilton Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug. 26-1884</i>		9. AGE (In years: last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Annapolis, Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>William Wheeler</i>			14. MOTHER'S MAIDEN NAME <i>Mary Skoch</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT <i>Mr. Wm. M. Horak</i> ADDRESS <i>4220 Hamilton</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>9-51</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cadio. Vascular. Rival</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Coronary clusufficiency</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from *9-11*, *1952*, to *2-20*, *1952*, that I last saw the deceased alive on *2-20*, *1952*, and that death occurred at *9:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Michael L. Brownfeld</i> M. O. _____	23B. ADDRESS <i>5407 Belair Rd</i>	23C. DATE SIGNED <i>2-22-52</i>
--	------------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-28-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge</i>	24D. LOCATION (City, town, or county) (State) <i>Bald Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 23 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams M.F.</i> ADDRESS <i>5305 Rayford</i>	

Dr. Grossfeld.

61917N

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1747**

BIRTH NO. **52 1747**

1. NAME OF DECEASED (Type or Print) GRACE CALLAN			2. DATE OF DEATH Feb. 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1322 N. Chester Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1322 N. Chester Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 26, 1881		9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel J. Taylor			14. MOTHER'S MAIDEN NAME Alice Sunderland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 212-09-2899-D	17. INFORMANT 2915 Christopher Ave. 14 Mr. Robert E. Callan		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) myocardial infarction		Pneumonia		2d
DUE TO		arteriosclerosis		3d
ANTECEDENT CAUSES		hypertension		6 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) chronic interstitial nephritis		6 yrs
		DUE TO		6 yrs
		(C) cerebral hemorrhage		6 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 17 , 19 52 , to Feb 20 , 19 52 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23A. SIGNATURE Thomas F. Thomas		23B. ADDRESS 2818 Hartford St		23C. DATE SIGNED 2 22 52

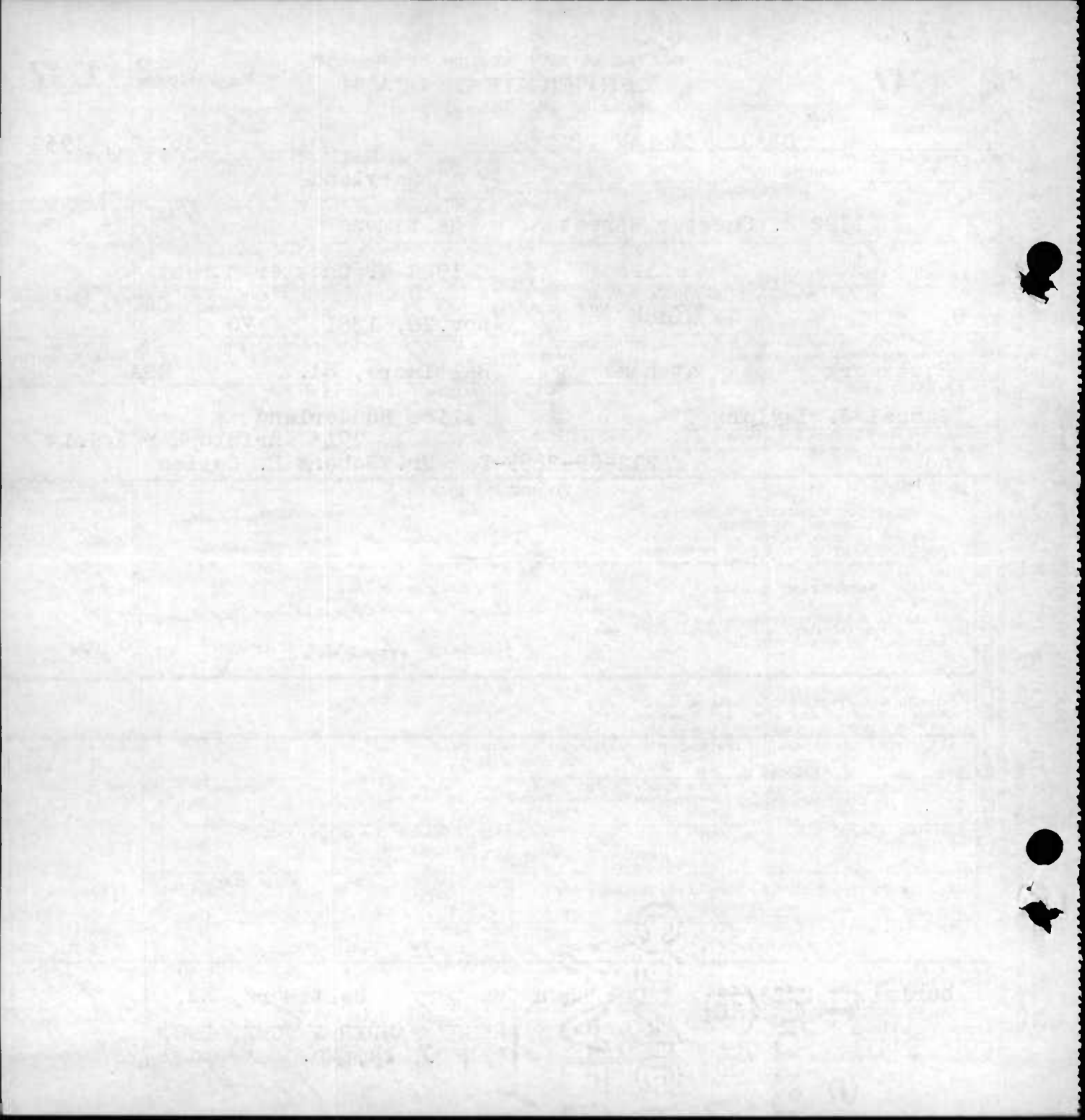
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 2/23/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams	
		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
		ADDRESS BALTO 7, MD.	

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



G 52 632 1748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52-1748

BIRTH NO.			2. DATE OF DEATH		
1. NAME OF DECEASED (Type or Print) MOLLIE E. GRITZAN			Feb. 20, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2022 Kennedy Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2022 Kennedy Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 3, 1870	9. AGE (In years last birthday) 81	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Adam Gritzan			14. MOTHER'S MAIDEN NAME Katherine Schuchman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT 102 Croydon Road - 12 Mr. J.H. Frick		
18. 4 yr. 2 m. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency DUE TO (A) Myocardial Insufficiency (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 4 hrs		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 20 , 1952 to Feb 22 , 1952 that I last saw the deceased alive on Feb 21 , 1952 and that death occurred at 11:40 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Dr. L. J. Friedman		23B. ADDRESS 9858 Weymouth Rd. - 21-52		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/23/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., MD.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

94a

1951

UNITED STATES



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1749

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur M. Bomberger

2. DATE
OF
DEATH

Feb. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

216 Herring Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 3-01

D. STREET ADDRESS (If rural, give location)

216 Herring Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/9/1866

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Millwright

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel Works

11. BIRTHPLACE (State or foreign country)

Williamsport Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown)

Bomberger

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

A. W. Bomberger 509 Sanson Ave

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic Cardio-
Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....23C. DATE SIGNED
Feb. 21, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Dorsey Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

C. W. Cook Inc. 1207 St. Paul St

ADDRESS

8. 11. 56

0151 12



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1750
Registered No.

BIRTH NO. 52 1750

1. NAME OF DECEASED (Type or Print) JESSE HOWARD COCKRELL		2. DATE OF DEATH Feb. 20, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 2		d. STREET ADDRESS (If rural, give location) 638 Mosher Street	
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/13/01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mate		10b. KIND OF BUSINESS OR INDUSTRY seafarer	9. AGE (In years last birthday) 50
11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Willie Cockrell		14. MOTHER'S MAIDEN NAME Halie Kenner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Yes- Unknown	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	

18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Nephrosis, type undetermined (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES (B) DUE TO Hypertensive cardiovascular disease (C) DUE TO Unknown	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION Feb. 20, 1952		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb. 15, 1952**, to **Feb. 20, 1952** that I last saw the deceased alive on **Feb. 20, 1952** and that death occurred at **6:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John L. Wilson** M.D. 23b. ADDRESS **US PHS Hospital, Balto, Md.** 23c. DATE SIGNED **2/21/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 24, 1952	24c. NAME OF CEMETERY OR CREMATORY Burgess	24d. LOCATION (City, town, or county) (State) Northumberland Co. Va.
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. Kate Williams Schroeder	

VS 150

240 55

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

236
52 1751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1751

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jillie Ostrowski</i>		2. DATE OF DEATH <i>Feb. 21-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>John Hopkins Hos</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Md. 2-03</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>740 S. Bethel St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH	9. AGE (in years last birthday) <i>about 57</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Beatrice Spera Odenton Md.</i>	
18. <i>4-20-1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Hypertension Cardio-Vascular Disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 1</i> , 1951, to <i>Feb. 21</i> , 1952, that I last saw the deceased alive on <i>Feb. 21</i> , 1952, and that death occurred at <i>11 P. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Chas. W. Thompson</i>		23B. ADDRESS <i>2529 Eastern Ave.</i>		23C. DATE SIGNED <i>2-22-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/25/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Ziolkowski</i>		25. FUNERAL DIRECTOR ADDRESS <i>2007 Eastern Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>EB 23 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		VS 150	

93D

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CAUSE OF DEATH

DEATH OF A PERSON IN THE
STATE OF NEW YORK

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1752

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence Alexander Pope

2. DATE
OF
DEATH

Feb 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service Hosp.
INSTITUTION

Wyman Park Drive & 1st St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

871
/ Hollins Street

c. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9-4-95

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

H.S. Training

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Logan Pope

14. MOTHER'S MAIDEN NAME

Alice Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW1 and WW2

16. SOCIAL
SECURITY NO.

Unkn

17. INFORMANT

ADDRESS

Records - US PHS Hospital, Baltimore, Md.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cirrhosis of liver with hepatic
failure
DUE TO

Unkn.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-13-52

19B. MAJOR FINDINGS OF OPERATION

Cirrhosis of liver. (Operation: portal-caval anasto-

mosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-24, 1951, to 2-22, 1952, that I last saw the
deceased alive on 2-22, 1952, and that death occurred at 12:48^a m., from the causes and on the date stated above.

23A. SIGNATURE

George A. Moffatt, M.D., S.A. Surgeon

23B. ADDRESS

US PHS Hospital, Baltimore, Md.

23C. DATE SIGNED

2-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

New Balto Natl

24D. LOCATION (City, town, or county) (State)

5501 Fredrick Ave

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

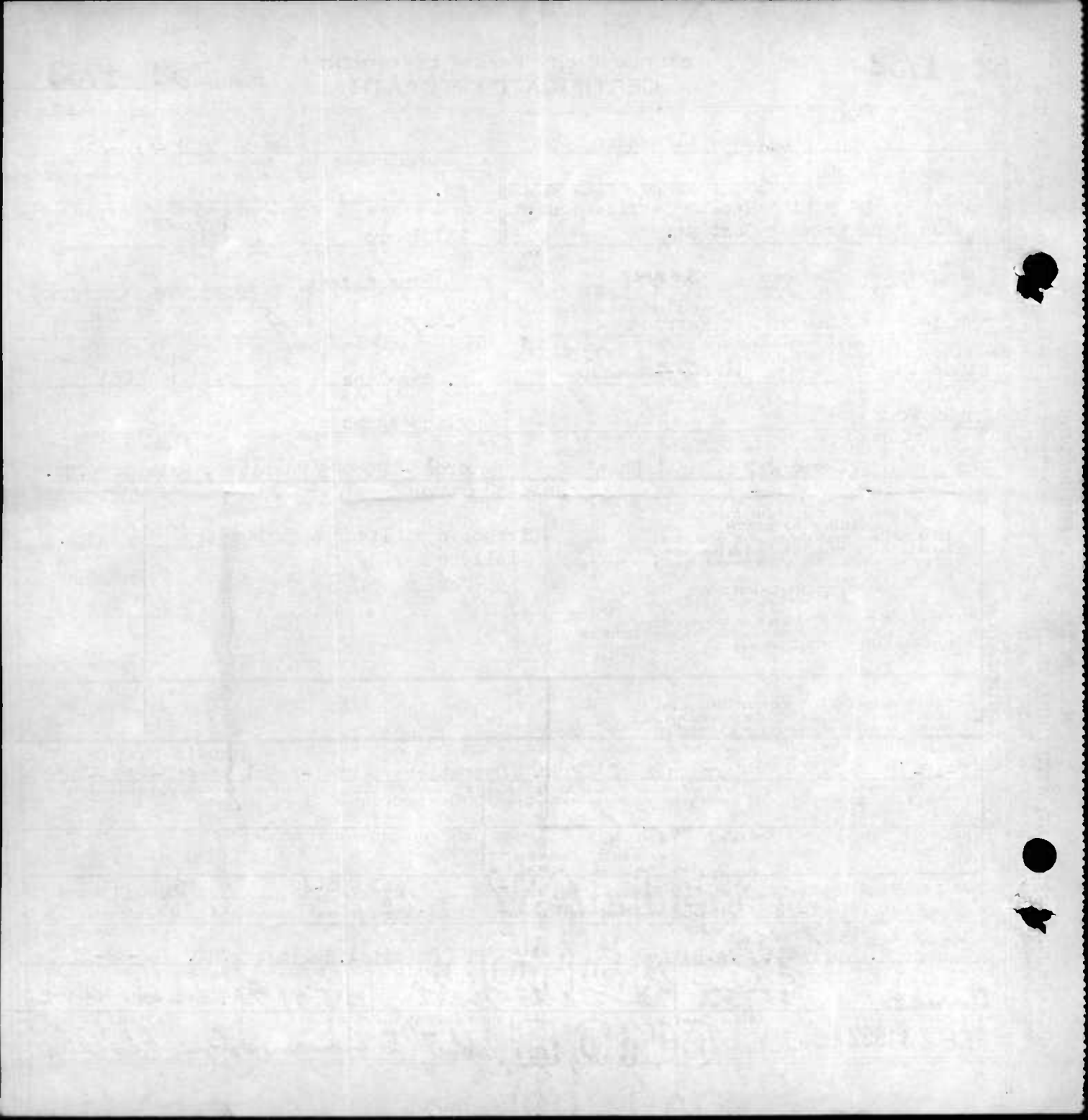
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

John J. Blower & Son

ADDRESS

2 Hollins St.



PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1753

430
52 1753
BIRTH NO.

1. NAME OF DECEASED (Type or Print) W. BIGGS ELLIOTT			2. DATE OF DEATH FEB. 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5900 BRECKENRIDGE AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 5900 BRECKENRIDGE AVE.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 9, 1867	9. AGE (In years last birthday) 84	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELIGIOUS			10B. KIND OF BUSINESS OR INDUSTRY CLERGYMAN		
11. BIRTHPLACE (State or foreign country) MD.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME WILLIAM ELLIOTT			14. MOTHER'S MAIDEN NAME BIGGS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 216-32-8112		
17. INFORMANT RUSSELL L. ELLIOTT			ADDRESS 2912 ELUCOTT DR.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 19, 1947</u> to <u>February 21, 1952</u> , that I last saw the deceased alive on <u>2/21/52</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE John R. Davis		23B. ADDRESS 101 Madison Ave		23C. DATE SIGNED 2/23/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-23-1952		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	
24D. LOCATION (City, town, or county) BALTIMORE		24E. LOCATION (State) MD			
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR H.W. JENKINS & SONS Co.	
				ADDRESS 4905 YORK RD.	

DR. JOHN R. DAVIS
MED. ARTS.

3-5-52

52 1754

Registered No.

52 1754

DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	2B FUNERAL DIRECTOR <i>Wm. F. Dickner & Sons</i>	ADDRESS
--	---	---	---------

YS 150

595 91

Batto Md. 93

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and intelligibly.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1911

RECORDS

DATE

TIME

PLACE

CAUSE

AGE

SEX



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1755

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STELLA BELLE TAVAREZ

2. DATE
OF
DEATH

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

1722 N. Longwood St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2510 Druid Park Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 1, 1902

9. AGE (In years,

last birthday)

50

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Social Sec. Bd.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert L. Morris

14. MOTHER'S MAIDEN NAME

Laura Randall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Antone Tavarez - 2510 Druid Park Drive

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Generalized carcinomatosis*
DUE TO(B) *Carcinoma right breast*
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

8 mons

30 mons

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

17 Nov 1949

19B. MAJOR FINDINGS OF OPERATION

Scurrhous carcinoma right breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug 1951 to 22 Feb 1952 that I last saw the
deceased alive on 21 Feb 1952, and that death occurred at 12:00 P. M., from the causes and on the date stated above.

23. SIGNATURE

John H. Barnaby

23B. ADDRESS

M. D. 1531 E North Ave

23C. DATE SIGNED

23 Feb 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

2 Km. S. Pikesville

ADDRESS

Pikesville, Md.

VS 150

39091

Barto 17 Md 50

STANDARD FORM NO. 64

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301

NOTICE
OF
CONCURRENCE
IN
ACTION

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/01 BY 60322
UCBAW/BJS/STP

EXEMPT FROM GDS REVIEW
DATE 10/10/01 BY 60322
UCBAW/BJS/STP

EXEMPT FROM GDS REVIEW
DATE 10/10/01 BY 60322
UCBAW/BJS/STP



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1756
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John V. Hatchett

2. DATE
OF
DEATH

2-20-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1807 N. Caroline St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

PA.

B. COUNTY

V-35

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Chester

D. STREET ADDRESS (If rural, give location)

516 Second Street

c. Length of stay in Baltimore

3

YS.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

June 18, 1906

9. AGE (In years, last birthday)

45

If Under 1 Year

Months

Days

8

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Patrick Hatchett

14. MOTHER'S MAIDEN NAME

Bertha Ferguson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

?

16. SOCIAL SECURITY NO.

201-07-2218

17. INFORMANT

Floyd Hatchett

ADDRESS

700 N. Gilmore St

18.

580 X 1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Acute Yellow Jaundice 4 days

Hepatitis Indefinite

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17-52 to 2-20-52, that I last saw the deceased alive on 2-20-52 and that death occurred at 4:20 PM from the causes and on the date stated above.

23A. SIGNATURE

Las. R. Blake

M. O.

23B. ADDRESS

1603 N. Caroline

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Shipped

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Victoria

24D. LOCATION (City, town, or county)

Virginia

(State)

Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Paymer

ADDRESS

217 East

WALLEY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1757

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jeanette Lawson

2. DATE
OF
DEATH

2-20-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland 300 Worsley St

b. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Md.

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

d. STREET ADDRESS (If rural, give location)

300 Worsley St.

c. Length of stay in Baltimore

5

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-4-1901

9. AGE (in years
last birthday)

50

11 Under 1 Year
Months: Days

7 17

11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PENNA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Jay

14. MOTHER'S MAIDEN NAME

Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS 300

Jeanette Reynolds Worsley St

18.

592X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10/1951, to 2/20/52, that I last saw the
deceased alive on 2/20, 1952, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 23 1952

Huntington Williams, M.D.

Rayner Sanders

217

VS 150

E. Preston St
131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and briefly.

STATE OF TEXAS
COUNTY OF DALLAS

2-20-52

WABOTIC LAWSON
TO JOHN A. HAY

M. A.

Basin

300 W. 1st St.

1-4-1901

P. M. A.

John A.

200

WABOTIC LAWSON

WATER

WABOTIC LAWSON

100

100

100

100

100

100

100

100

100

100

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

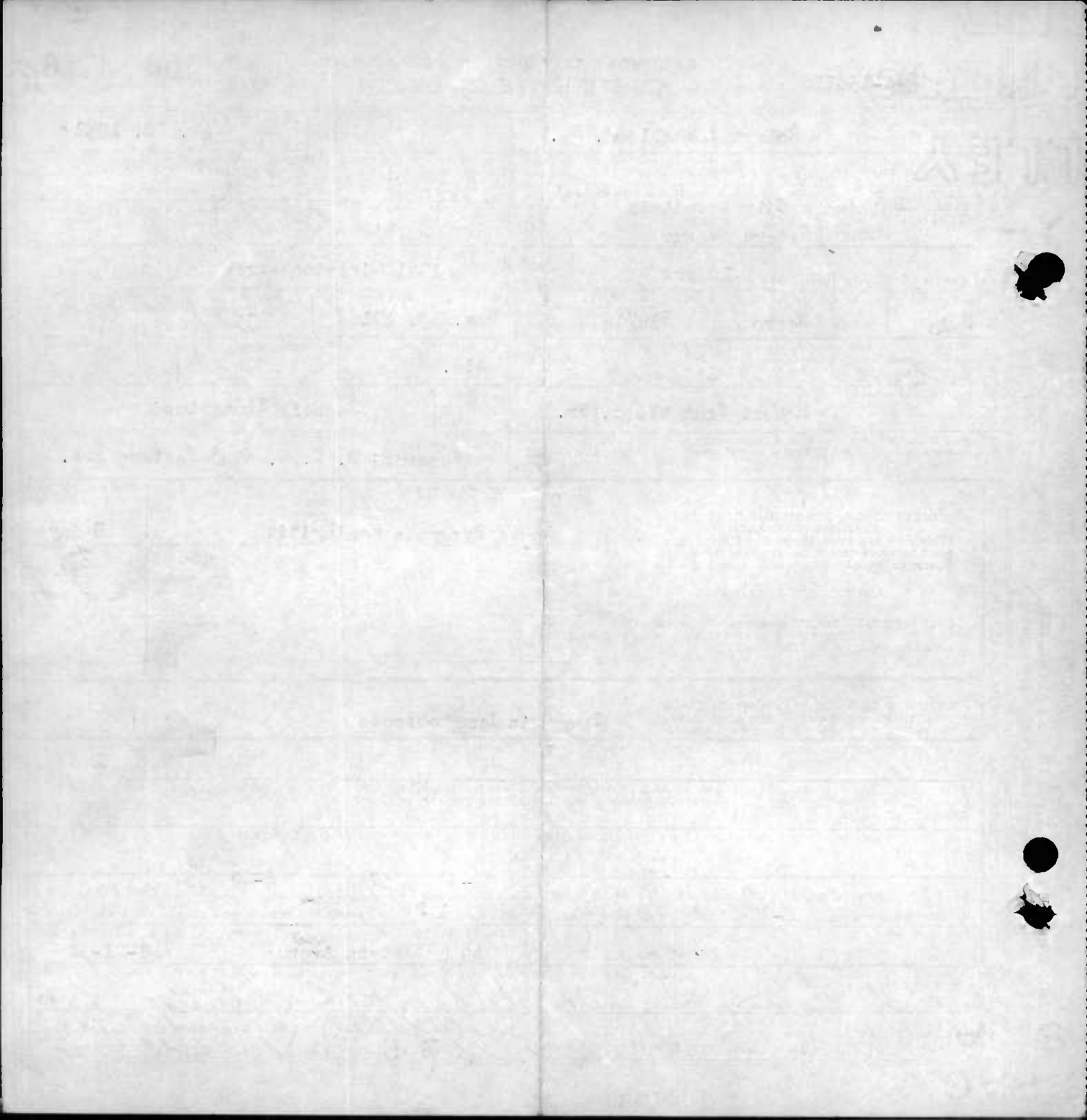
Registered No. 52 1758

BIRTH NO. 52 1758

1. NAME OF DECEASED (Type or Print) Robert Youngblood, Jr.		2. DATE OF DEATH Feb. 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1341 Division Street		E. AGE (in years last birthday) 35 F. Under 1 Year Months Days G. Under 24 Hours Hours Min.	
c. Length of stay in Baltimore 20 yrs		8. DATE OF BIRTH Nov. 13, 1916	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (in years last birthday) 35
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY General	
13. FATHER'S NAME Robert Youngblood, Sr.		14. MOTHER'S MAIDEN NAME Rachell Youngblood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Ave.	

18. 340.3 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pyogenic Meningitis		8 days
DUE TO (A)		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pyogenic Lung Abscess		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2-23-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-5 , 19 52 , to 2-20 , 19 52 , that I last saw the deceased alive on 2-20 , 19 52 , and that death occurred at 1 P m., from the causes and on the date stated above.				
23A. SIGNATURE C. S. Rozar		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-21-52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Feb. 23, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
		25. FUNERAL DIRECTOR Wallace Funeral Home		
		ADDRESS 1635 Spruill Hill Ave		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1759

530
BIRTH NO. 1759 49-131871. NAME OF DECEASED
(Type or Print)

RONALD

SMITH

2. DATE
OF
DEATH

February 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. Length of stay in Baltimore

2 years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10B. KIND OF BUSINESS OR INDUSTRY

Infant

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

June 17, 1949

9. AGE (In years last birthday)

2

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Sarah Sims

17. INFORMANT

ADDRESS

Mrs. Sarah Smith 113 N. 23rd St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Congenital heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 22, 1952

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

24B. DATE

2-23-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

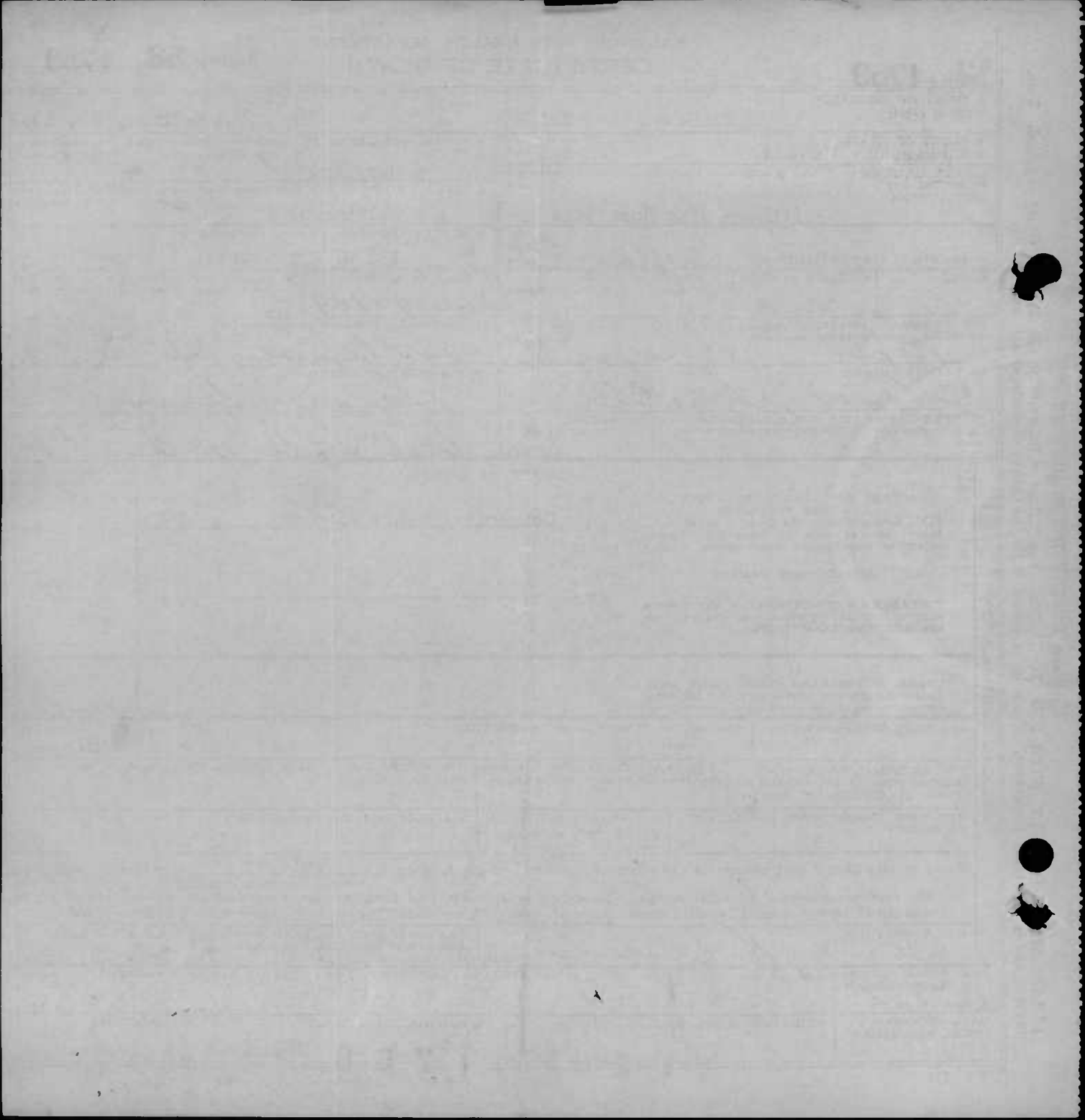
Huntington Williams M.D.

25. FUNERAL DIRECTOR

Kaleandro Funeral Home

ADDRESS

1631 David Hill Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1760**

BIRTH NO. **52-02473**

1. NAME OF DECEASED (Type or Print) CHARMAIN		2. DATE OF DEATH Feb. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 420 W. 23rd Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 29 - 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 24 If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Hughie D Bugman		14. MOTHER'S MAIDEN NAME Elizabeth L Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Hughie D Bugman		ADDRESS	

18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pneumonia DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley K. Duncanson M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED Feb. 23, 1952
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 23 - 1952	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md
--	-----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Chas E Dine	ADDRESS 1217 St Paul St
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MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Govt Sr

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

Govt Sr

1. NAME

2. GRADE

3. POSITION

4. ADDRESS

5. CITY

6. STATE

7. ZIP CODE

8. PHONE

9. FAX

10. E-MAIL

11. COMMENTS

12. SIGNATURE

13. DATE

14. TIME

15. LOCATION

16. SUBJECT

17. ACTION

18. STATUS

19. PRIORITY

20. APPROVAL

21. REVIEW

22. ACTION

23. COMMENTS

24. SIGNATURE

25. DATE

26. TIME

27. LOCATION

28. SUBJECT

29. ACTION

30. STATUS

31. PRIORITY

32. APPROVAL

33. REVIEW

34. ACTION

35. COMMENTS

36. SIGNATURE

37. DATE

38. TIME

39. LOCATION

40. SUBJECT

41. ACTION

42. STATUS

43. PRIORITY

44. APPROVAL

45. REVIEW

46. ACTION

47. COMMENTS

48. SIGNATURE

49. DATE

50. TIME

51. LOCATION

52. SUBJECT

53. ACTION

54. STATUS

55. PRIORITY

56. APPROVAL

57. REVIEW

58. ACTION

59. COMMENTS

60. SIGNATURE

61. DATE

62. TIME

63. LOCATION

64. SUBJECT

65. ACTION

66. STATUS

67. PRIORITY

68. APPROVAL

69. REVIEW

70. ACTION

71. COMMENTS

72. SIGNATURE

73. DATE

74. TIME

75. LOCATION

76. SUBJECT

77. ACTION

78. STATUS

79. PRIORITY

80. APPROVAL

81. REVIEW

82. ACTION

83. COMMENTS

84. SIGNATURE

85. DATE

86. TIME

87. LOCATION

88. SUBJECT

89. ACTION

90. STATUS

91. PRIORITY

92. APPROVAL

93. REVIEW

94. ACTION

95. COMMENTS

96. SIGNATURE

97. DATE

98. TIME

99. LOCATION

100. SUBJECT

101. ACTION

102. STATUS

103. PRIORITY

104. APPROVAL

105. REVIEW

106. ACTION

107. COMMENTS

108. SIGNATURE

109. DATE

110. TIME

111. LOCATION

112. SUBJECT

113. ACTION

114. STATUS

115. PRIORITY

116. APPROVAL

117. REVIEW

118. ACTION

119. COMMENTS

120. SIGNATURE

121. DATE

122. TIME

123. LOCATION

124. SUBJECT

125. ACTION

126. STATUS

127. PRIORITY

128. APPROVAL

129. REVIEW

130. ACTION

131. COMMENTS

132. SIGNATURE

133. DATE

134. TIME

135. LOCATION

136. SUBJECT

137. ACTION

138. STATUS

139. PRIORITY

140. APPROVAL

141. REVIEW

142. ACTION

143. COMMENTS

144. SIGNATURE

145. DATE

146. TIME

147. LOCATION

148. SUBJECT

149. ACTION

150. STATUS

151. PRIORITY

152. APPROVAL

153. REVIEW

154. ACTION

155. COMMENTS

156. SIGNATURE

157. DATE

158. TIME

159. LOCATION

160. SUBJECT

161. ACTION

162. STATUS

163. PRIORITY

164. APPROVAL

165. REVIEW

166. ACTION

167. COMMENTS

168. SIGNATURE

169. DATE

170. TIME

171. LOCATION

172. SUBJECT

173. ACTION

174. STATUS

175. PRIORITY

176. APPROVAL

177. REVIEW

178. ACTION

179. COMMENTS

180. SIGNATURE

181. DATE

182. TIME

183. LOCATION

184. SUBJECT

185. ACTION

186. STATUS

187. PRIORITY

188. APPROVAL

189. REVIEW

190. ACTION

191. COMMENTS

192. SIGNATURE

193. DATE

194. TIME

195. LOCATION

196. SUBJECT

197. ACTION

198. STATUS

199. PRIORITY

200. APPROVAL

201. REVIEW

202. ACTION

203. COMMENTS

204. SIGNATURE

205. DATE

206. TIME

207. LOCATION

208. SUBJECT

209. ACTION

210. STATUS

211. PRIORITY

212. APPROVAL

213. REVIEW

214. ACTION

215. COMMENTS

216. SIGNATURE

217. DATE

218. TIME

219. LOCATION

220. SUBJECT

221. ACTION

222. STATUS

223. PRIORITY

224. APPROVAL

225. REVIEW

226. ACTION

227. COMMENTS

228. SIGNATURE

229. DATE

230. TIME

231. LOCATION

232. SUBJECT

233. ACTION

234. STATUS

235. PRIORITY

236. APPROVAL

237. REVIEW

238. ACTION

239. COMMENTS

240. SIGNATURE

241. DATE

242. TIME

243. LOCATION

244. SUBJECT

245. ACTION

246. STATUS

247. PRIORITY

248. APPROVAL

249. REVIEW

250. ACTION

251. COMMENTS

252. SIGNATURE

253. DATE

254. TIME

255. LOCATION

256. SUBJECT

257. ACTION

258. STATUS

259. PRIORITY

260. APPROVAL

261. REVIEW

262. ACTION

263. COMMENTS

264. SIGNATURE

265. DATE

266. TIME

267. LOCATION

268. SUBJECT

269. ACTION

270. STATUS

271. PRIORITY

272. APPROVAL

273. REVIEW

274. ACTION

275. COMMENTS

276. SIGNATURE

277. DATE

278. TIME

279. LOCATION

280. SUBJECT

281. ACTION

282. STATUS

283. PRIORITY

284. APPROVAL

285. REVIEW

286. ACTION

287. COMMENTS

288. SIGNATURE

289. DATE

290. TIME

291. LOCATION

292. SUBJECT

293. ACTION

294. STATUS

295. PRIORITY

296. APPROVAL

297. REVIEW

298. ACTION

299. COMMENTS

300. SIGNATURE

301. DATE

302. TIME

303. LOCATION

304. SUBJECT

305. ACTION

306. STATUS

307. PRIORITY

308. APPROVAL

309. REVIEW

310. ACTION

311. COMMENTS

312. SIGNATURE

313. DATE

314. TIME

315. LOCATION

316. SUBJECT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1761

BIRTH NO. 530

1. NAME OF DECEASED
(Type or Print)

Catherine G. Smith

2. DATE
OF
DEATH

February 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

947 Webb Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

947 Webb Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 15, 1890

9. AGE (In years last birthday)

61

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert A. Clarke

14. MOTHER'S MAIDEN NAME

Nellie O'Shea

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
William H. Smith, 947 Webb Court

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerotic Heart

2 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 8, 1952 to Feb 21, 1952 that I last saw the deceased alive on Feb 21, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall MD

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

2/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

H. J. H. Williams MD

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. **52 1762**

525
52 1762
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Andrew A. Jenkins			2. DATE OF DEATH February 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home 4703 Hampnett Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4118 Southern Avenue		
5. SEX male	6. CDLDR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 1, 1886	9. AGE (in years last birthday) 65	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser - Men's Clothing			10B. KIND OF BUSINESS OR INDUSTRY Worsterstex Co.		
11. BIRTHPLACE (State or foreign country) Lithuania			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Anthony Jenkins			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 226-05-7955		
17. INFORMANT Vivian A. Jenkins			ADDRESS 3115 White Avenue		

18. 441X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Dilatation (A) DUE TO Malignant Hypertension ANTECEDENT CAUSES (B) Arterio Sclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec , 19 51 , to Feb 22 , 19 52 , that I last saw the deceased alive on 2/20 , 19 52 and that death occurred at 5:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE J. S. Harding		23B. ADDRESS 3805 Belair Rd		23C. DATE SIGNED 2/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/25/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. C. R. R.	
VS 150		690 46		97	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1763616
52 1763

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Carrie A. Erbert			2. DATE OF DEATH February 22, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3520 Hilton Road			C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1716 Belt Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1875	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Bates			14. MOTHER'S MAIDEN NAME Martha Ackhurst		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Frances G. Buck, 1012 Fieldstone Place		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Rectum (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2 yr.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION June 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-20 , 19 52 , to 2-22 , 19 52 , that I last saw the deceased alive on 2-21 , 19 52 , and that death occurred at 4 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE A. J. Tolled		23B. ADDRESS 707 Fort Ave.		23C. DATE SIGNED 2-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/25/52		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery	
24D. LOCATION (City, town, or county) (State) Anne Arundel County, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR ADDRESS Mr. Golds., 1217 St. Paul Street	

1941

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1941

ST. LOUIS, MO.

2000

2000

2000

2000

2000

2000

2000

2000

2000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1764**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **Alton Melvin Bennett**

2. DATE OF DEATH **Feb 21, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Union Memorial Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore
? Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
3902 Hadley Square

5. SEX **M**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W.

8. DATE OF BIRTH

March 15, 1899

9. AGE (in years last birthday) **52**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chinapaction

10B. KIND OF BUSINESS OR INDUSTRY
Self

11. BIRTHPLACE (State or foreign country)
Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Olive B. Bennett

14. MOTHER'S MAIDEN NAME

Margaret N. Crogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, an or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Douglas Bennett ADDRESS **Blendsburg**

18.

451X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Dissecting aneurysm aorta**

DUE TO

7 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) **Previous Dissecting aneurysm**
(C) **Arterio sclerosis**

4 yrs
? yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 21, 1952**, to **Feb 21, 1952**, that I last saw the deceased alive on **Feb 21, 1952**, and that death occurred at **8:40 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Waverly S. Green, Jr.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

2-21-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Bedar Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Anne Arundel County, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 23 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. C. Cook, Inc., 1217 St. Paul St.

VS 150

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96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1765

1. NAME OF DECEASED (Type or Print) ADDIE M. PLANT (PLATT)			2. DATE OF DEATH 2/21/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1813 Light Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 00			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1813 Light Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 4/3/1884	9. AGE (in years last birthday) 67	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry Eades			14. MOTHER'S MAIDEN NAME Mary J. Chaney		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Family - Same		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO Arteriosclerosis (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 2-3 wks many years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946 19 52 , to FEB 20 , 19 52 that I last saw the deceased alive on FEB 20 19 52 and that death occurred at 4 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Walter Kohn		23B. ADDRESS 1026 Fort Ave		23C. DATE SIGNED 2/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 2/26/52		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) Baltimore		25. FUNERAL DIRECTOR ADDRESS James J. McCully - 130 E. Fort Ave.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 23 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

52 1766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1766

Registered No.

260
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

WARREN J. BAKER

2. DATE
OF DEATH
Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
New YorkB. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Brooklyn

D. STREET ADDRESS (If rural, give location)

252 74th Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

1/5/1906

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

manufactures agent

10B. KIND OF BUSINESS OR
INDUSTRY

furniture

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Baker

14. MOTHER'S MAIDEN NAME

Anna Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

II W.W.

16. SOCIAL
SECURITY NO.

17. INFORMANT

John Baker 1104 Arch St. Burlington
Iowa

ADDRESS

18.

E921.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Hotel

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Lord Baltimore Hotel-Rm. 802, Balto., Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Feb. 22, 1952

m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durbacher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/23/52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Burlington Iowa

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. L. Williams

ADDRESS

NPA Ave 1952

VS 151

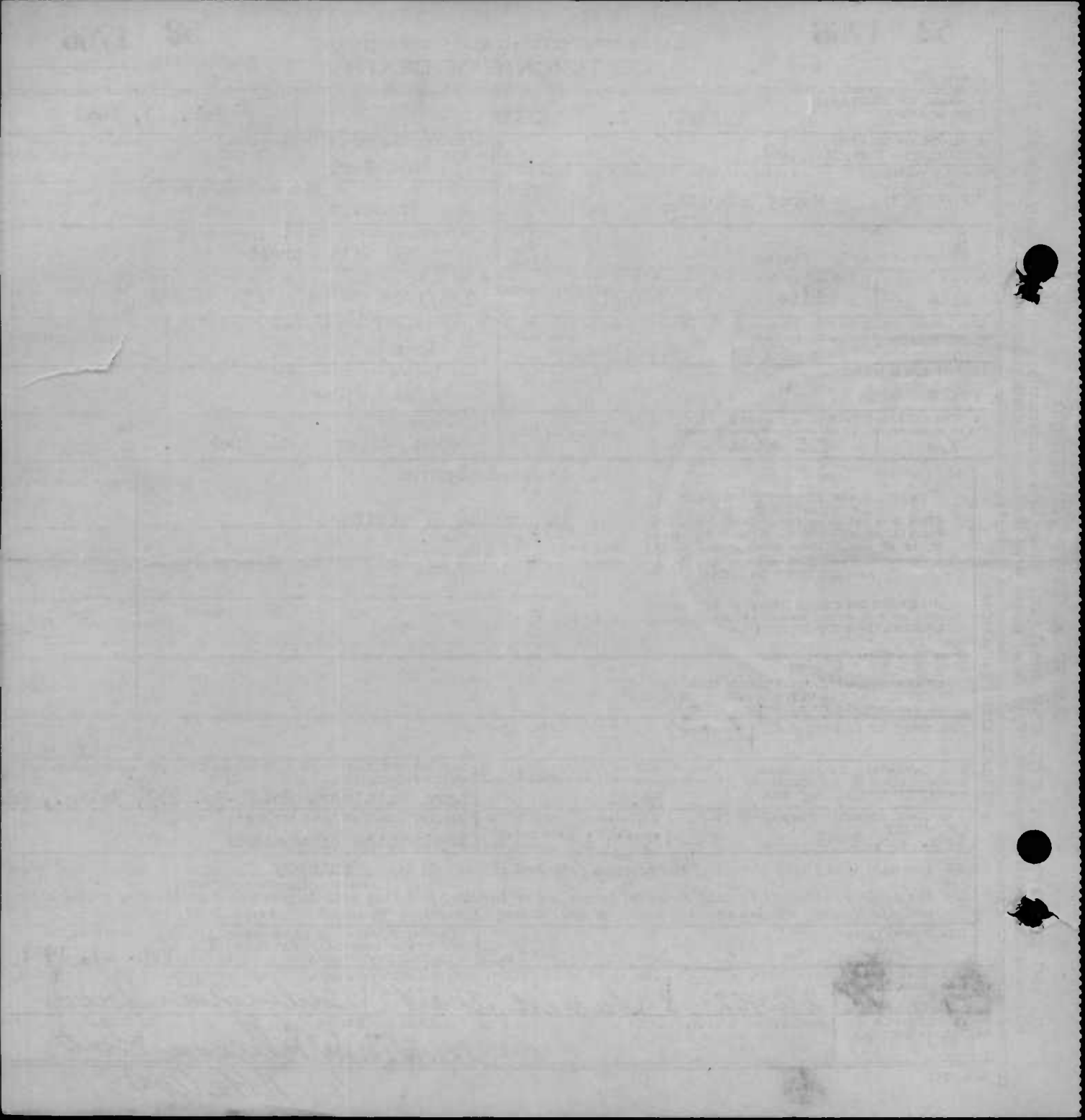
N-933.0

49033

NPA Ave 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-420

52 1767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1767
Registered No.

BIRTH NO. *Don Res.*

1. NAME OF DECEASED
(Type or Print)

ROSEMARY WALLACE

2. DATE
OF
DEATH

FEB 21 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *HLH-48*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MARYLAND*

B. COUNTY *Calvert*

B. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BOWINGS

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
5400

5. SEX

FEMALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
BABY

8. DATE OF BIRTH

8-26-51

9. AGE (In years last birthday)

If Under 1 Year: Months: Days
16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GRANT WALLACE

14. MOTHER'S MAIDEN NAME

HILDA RAWLINGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Diarrhea, infection*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) *Recto-vaginal fistula & colostomy*

life

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

#1 Dec. 51 #2 Feb 21 52

19B. MAJOR FINDINGS OF OPERATION

Recto-vag. Fistula, repair. #2 - emergency colostomy

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *2-6-*, 19*52* to *2-21-*, 19*52*, that I last saw the deceased alive on *2-21-*, 19*52*, and that death occurred at *1 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Edward W. Hopkins M.D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

2-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-24-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Hope

24D. LOCATION (City, town, or county)

Calvert, md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

R. E. Gossell Prince Frederick

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

DECLARATION OF DEATH

STATE OF NEW YORK

County of _____

City of _____

I, _____

do hereby certify that _____

has died at _____

on the _____ day of _____

at the age of _____ years

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

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and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

is the _____ of _____

and that _____

H-453
52 1768BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1768
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William James Holland

2. DATE
OF
DEATH

Feb 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service Hospital location)
INSTITUTION

Wyman Park Dr. & 31st Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

Somerset

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Crisfield

D. STREET ADDRESS (If rural, give location)

State Street

57
C. Length of stay in Baltimore22
Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 13, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Master

10B. KIND OF BUSINESS OR
INDUSTRY

Seaman

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Paterson Holland

14. MOTHER'S MAIDEN NAME

Anne Blake

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unkn.

16. SOCIAL
SECURITY NO.

Unkn.

17. INFORMANT
ADDRESS
Records, US PHS Hospital, Baltimore, Md.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 wks.

Myocardial Infarction
Coronary artery occlusion
Generalized arteriosclerosis unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952 to Feb 22, 1952, that I last saw the
deceased alive on Feb 22, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1952

Huntington, William, 24055, Crisfield, Md.

VS 150

24055

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

WALLEY
CONGRESS
BOND

100-440

U. S. A.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

360

52 1769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1769

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha B. Potter

2. DATE
OF
DEATH

Feb. 21, 1952

3. PLACE OF DEATH:

☒ Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1101 Carroll St. #30

5. FULL NAME OF HOSPITAL OR INSTITUTION

48 Maryland General Hospital

c. Length of stay in Baltimore

Lifetime

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 28, 1875

9. AGE (In years last birthday)

76

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alfred P. Hart

14. MOTHER'S MAIDEN NAME

Mollie Seip

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harry M. Potter 4213 Woodlee Ave -6

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral vascular accident*

6 hours

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic cardio-vascular*

20 yrs.

DUE TO

disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb. 21, 1952* to *Feb. 21, 1952* that I last saw the deceased alive on *Feb. 21, 1952* and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

See-jui Lin

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

Feb. 21, 1952

24A. BURIAL CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 25, 1952

Loudon Park

Balto

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1952

Huntington, William M. John K. Teufel 5311 Edmondson Ave

VS 150

937

-29

MAY 5

1900

76

1900
MAY 5
BOND
CONCRETE
WORK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

52 1770

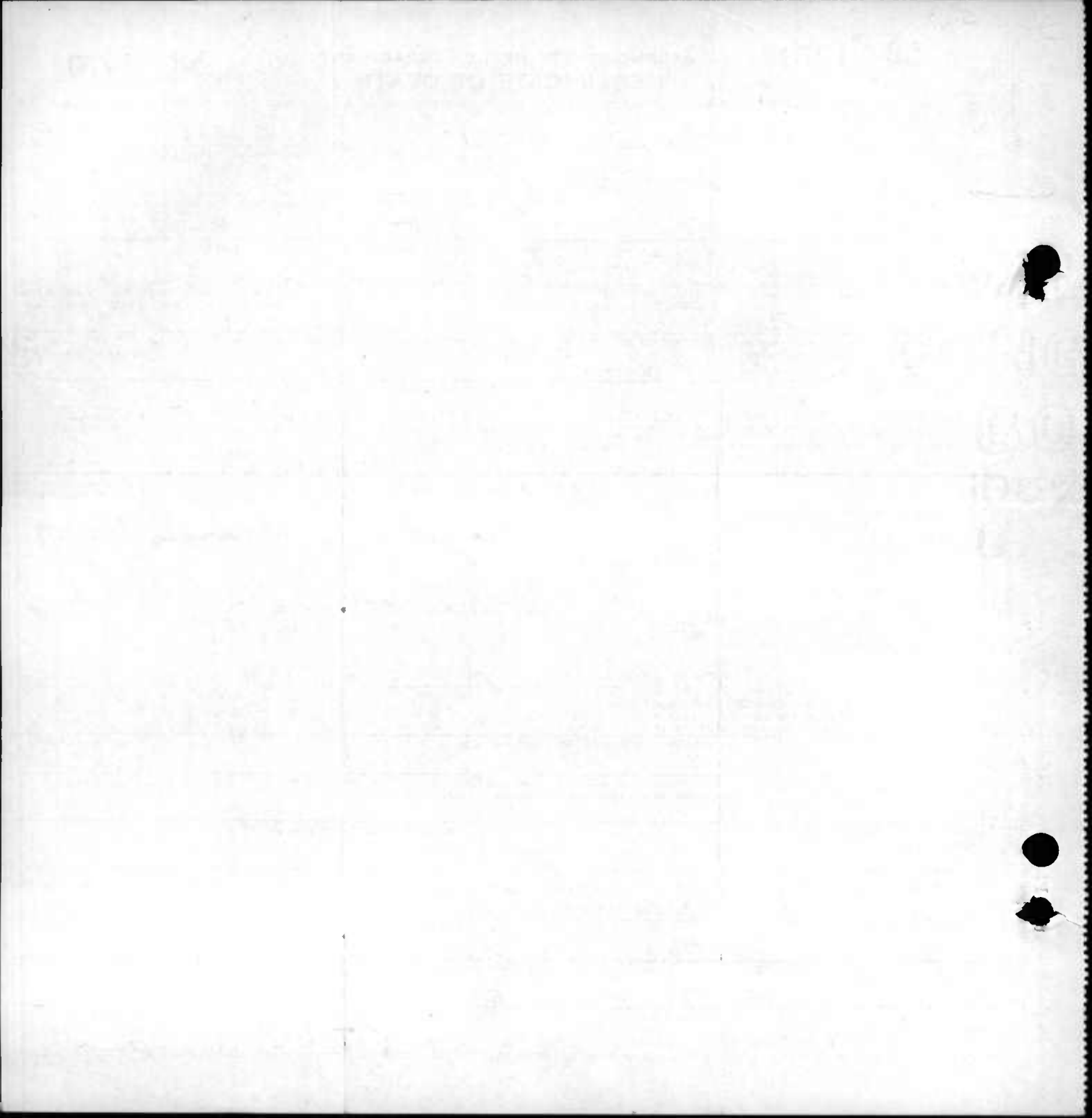
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1770

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Carrie Viola Semmont</i>		2. DATE OF DEATH <i>Feb 22, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1728 Spence St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-43</i>			
c. Length of stay in Baltimore <i>Lifetime</i>		D. STREET ADDRESS (If rural, give location) <i>1728 Spence St. - 30</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Apr 24, 1892</i>	9. AGE (In years last birthday) <i>59</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>George W. Galloway</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Ann Henthorn</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Albert H. Semmont 1728 Spence St</i>	
18. <i>731X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Agut's Disease</i> DUE TO (B) <i>Bronchopneumonia</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs</i> <i>2 days</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1950</i> , to <i>2/22, 1952</i> , that I last saw the deceased alive on <i>Apr 8, 1952</i> , and that death occurred at <i>7:40 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benjamin Klitter</i>		23B. ADDRESS <i>2830 Wilkens Ave</i>		23C. DATE SIGNED <i>Apr 8</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 25-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mr. Oliver</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto md</i>		25. FUNERAL DIRECTOR <i>John F. Timpl</i>		ADDRESS <i>25311 Edmondson Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 24 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>			

VS 150

107



G-432

52 1771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1771

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SIDNEY W. GOLDSMITH

2. DATE
OF
DEATH

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3017 Windsor Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-47

D. STREET ADDRESS (If rural, give location)

3017 Windsor Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 25, 1863

9. AGE (In years last birthday)

88

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Mississippi

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert H. Goldsmith

14. MOTHER'S MAIDEN NAME

Hannah Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

216-14-4013A

17. INFORMANT

ADDRESS

Mr. John G. Goldsmith - 812 E. 41st St.

18.

153 X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of colon

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1944 to 2/22, 1952 that I last saw the deceased alive on 2/21, 1952 and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Reiter

M. D.

23B. ADDRESS

3408 Windsor Ave

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

St. M. J. Siskner & Sons

ADDRESS

46 E Balto 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased: _____
2. Sex: _____
3. Age: _____
4. Date of Birth: _____
5. Date of Death: _____
6. Place of Birth: _____
7. Usual Residence: _____
8. Cause of Death: _____
9. Manner of Death: _____
10. Signature of Physician: _____
11. Signature of Registrar: _____
12. Date of Registration: _____

M-246
52 1772BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1772

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) WILLIAM H. McELROY			2. DATE OF DEATH Feb. 23, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 8-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1711 N. Broadway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 1711 N. Broadway	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 2, 1862
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk		10B. KIND OF BUSINESS OR INDUSTRY Balto. City Court	9. AGE (In years last birthday) 89
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John McElroy		14. MOTHER'S MAIDEN NAME Dorothea Muckelroy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. G. Herman Carl		ADDRESS - 1711 N. Broadway	
18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO ANTECEDENT CAUSES Arterio Sclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 yrs
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 4 , 19 52 , to Feb 23 , 19 52 that I last saw the deceased alive on Feb 22 , 19 52 , and that death occurred at 2 A m., from the causes and on the date stated above.			
23A. SIGNATURE E. G. Hall M.D.		23B. ADDRESS 1631 E North Ave	
23C. DATE SIGNED 2/23-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1952		REGISTRAR'S SIGNATURE Huntington Hall	
VS 150		25. FUNERAL DIRECTOR Wm. J. Nickerson & Sons	
		ADDRESS 937 Balto 17 Md.	

DECLARATION OF DEATH

STATE OF NEW YORK

1978

1978

1978

1978

1978

1978

1978

1978

1978

1978

1978

1978

1978

1978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

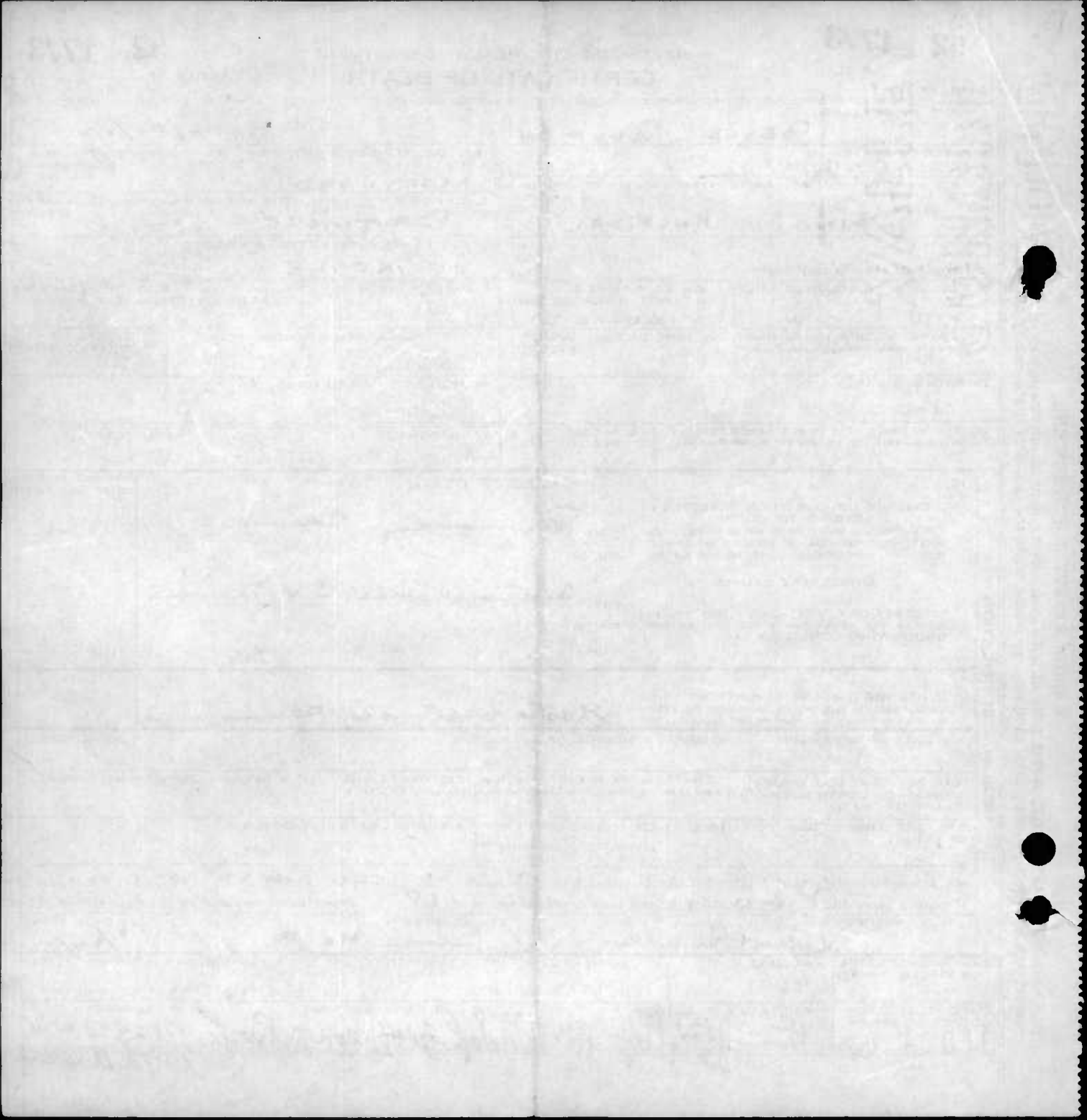
MARGIN RESERVED FOR BINDING

U-455
52 1773

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1773
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) BELLE ULLMAN		2. DATE OF DEATH 2/22/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 41 SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-17			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) HEVINDALE Belvedere +			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Norfolk, Virginia	
13. FATHER'S NAME Abraham Adler		14. MOTHER'S MAIDEN NAME Pauline Rockam			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Henry Ullman-2507 Keyworth Avenue	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pneumonia Ecema DUE TO (B) Arteriosclerotic C v Disease DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gastrointestinal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hrs			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 21, 1952 , to Feb 22, 1952 that I last saw the deceased alive on Feb 22, 1952 and that death occurred at 6P m., from the causes and on the date stated above.					
23A. SIGNATURE Robert Sander M. O.		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED 2/22/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/24/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS Sal. Levinson + Bros - 1124-26 W. North Avenue 92D			
DATE RECEIVED BY LOCAL REGISTRAR FEB 24 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



52 1774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1774

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ralph Goodman

2. DATE
OF
DEATH

Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore Eye Ear & Throat Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

2818 Oakford Ave

c. Length of stay in Baltimore

10

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1877

9. AGE (In years
last birthday)

75

Under 1 Year
Months: Days# Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cigar Maker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathan Goodman

14. MOTHER'S MAIDEN NAME

Francis ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Milton Goodman 2818 Oakford Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Asphyxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) Carcinoma of Larynx

INTERVAL BETWEEN
ONSET AND DEATH

?

?

4 years.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1948, to Feb. 21, 1952, that I last saw the
deceased alive on Feb. 21, 1952, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Kunkin

23B. ADDRESS

1908 Rutaw Pl

23C. DATE SIGNED

Feb. 23, 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 24, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Rosedale Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Splz & Sons on Bws North ave

ADDRESS

1126 W

RECEIVED BY THE DEPT. OF THE ARMY

WASHINGTON, D. C. 20315

1971

52 1775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1775

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Annie R. Derrieks

2. DATE
OF
DEATH

Feb. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1018 W. 42d Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1018 W. 42d Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 26, 1877

9. AGE (In years
last birthday)

74

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Lizzie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESSMrs. Lulu Nottingham
1018 W. 42d St.

18.

334X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952 to 2/21, 1952, that I last saw the
deceased alive on 2/21, 1952, and that death occurred at 230 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-25-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Men. Park

24D. LOCATION (City, town, or county) (State)

Baltimore Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1952

VS 150

Huntington W. B. G. Jr. Mrs. F. J. Hensley 578 W. Biddle St.

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1971

SP

1971

SP

THE STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

IN SENATE

COMMITTEE ON

GOVERNMENT

AND

ADMINISTRATION

STAFF

REPORT

ON

THE

GOVERNMENT

OF

THE

STATE

OF

CALIFORNIA

FOR

THE

YEAR

1971

AND

1972

BY

THE

COMMITTEE

ON

GOVERNMENT

AND

ADMINISTRATION

STAFF

REPORT

ON

THE

GOVERNMENT

OF

THE

STATE

OF

CALIFORNIA

FOR

THE

YEAR

1971

AND

1972

BY

THE

COMMITTEE

ON

GOVERNMENT

AND

ADMINISTRATION

STAFF

REPORT

ON

THE

GOVERNMENT

OF

THE

STATE

OF

CALIFORNIA

FOR

THE

YEAR

1971

M-263 52 1776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1776
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE

MAGRUDER

2. DATE
OF
DEATH

2/19/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

PROVIDENT HOSP. & FREE DISPENSARY BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1417 LAURENS

C. Length of stay in Baltimore

61

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-3-1890

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William H. Brown

14. MOTHER'S MAIDEN NAME

Annie Uncle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ida R. Williams 748 Dolphin St

18.

434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Drug Reaction - Secondary Infection

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1952 to 2-19, 1952 that I last saw the
deceased alive on 2-19, 1952 and that death occurred at 6:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

FEB 24 1952

Huntington Williams, M.D.

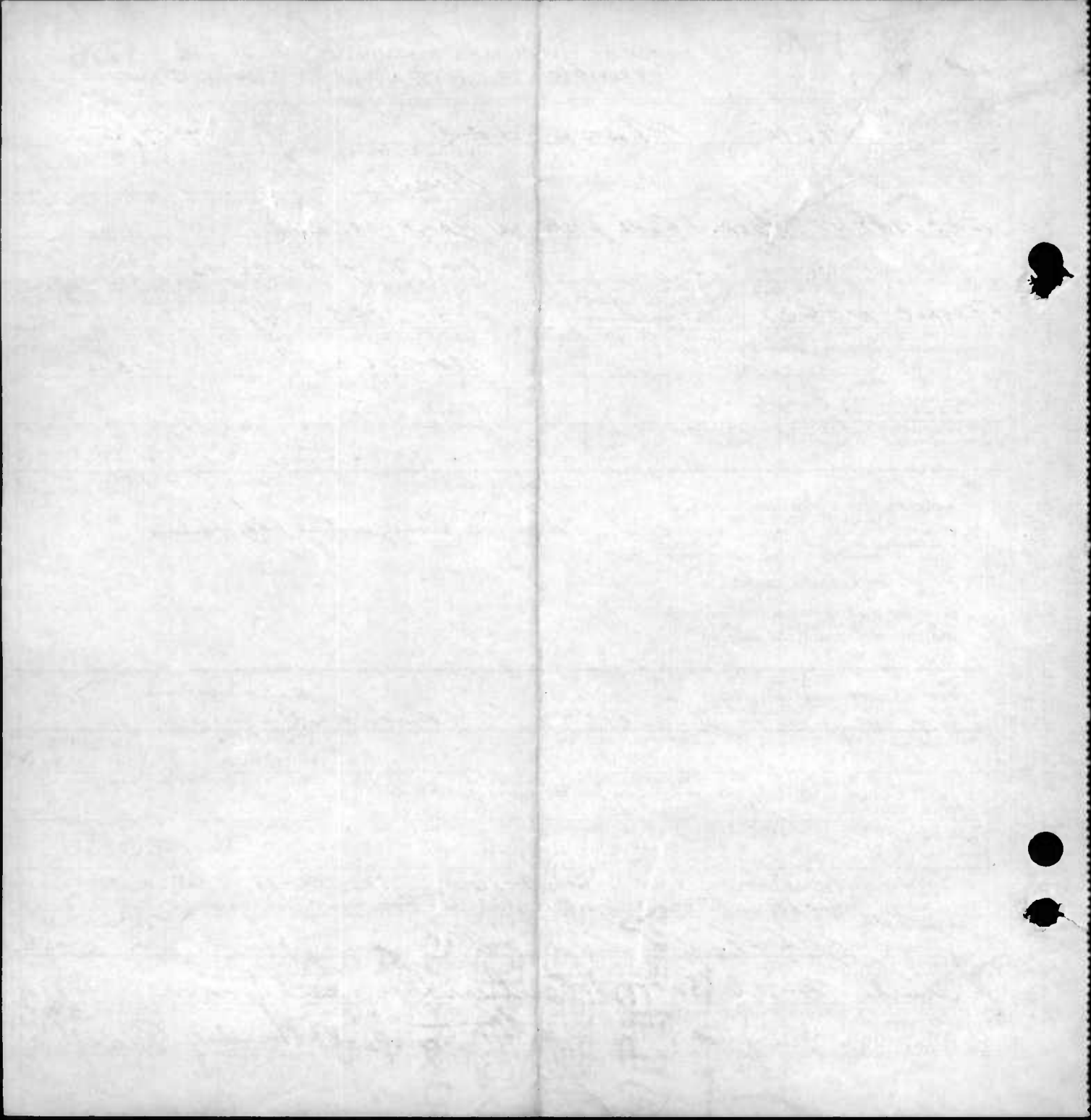
M. J. Thompson

578a
Biddle St

VS 150

7208A

93E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUSIE CARROLL

2. DATE
OF
DEATH

FEB 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

052-4

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

33

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BEACHVILLE

D. STREET ADDRESS (If rural, give location)

6800

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1879

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Pulmonary embolus

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Abdominal abscess - ruptured gall bladder 4 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-1952 to 2-22-1952, that I last saw the deceased alive on 2-22-1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Carl H. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-27-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem

24D. LOCATION (City, town, or county)

St. Inigoes, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

R. B. Robinson

ADDRESS

Leonardtown, Md.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

610 52 1778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1778
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY GROUPE

2. DATE
OF
DEATH

2-22-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE

Where deceased lived. If institution; residence before admission)

a. STATE

b. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

4505 Springdale Ave Baltimore 28-02

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

4505 Springdale Ave

c. Length of stay in Baltimore

40 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 25-1910 042

9. AGE (In years last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry

10b. KIND OF BUSINESS OR INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

New York N.Y.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Julius Groupp

14. MOTHER'S MAIDEN NAME

Anna Amolsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Julius Groupp - Same

18.

345X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Multiple sclerosis

14 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1938, to Feb 22, 1952, that I last saw the deceased alive on Feb 22, 1952 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Benjamin Kaden

23b. ADDRESS

2306 Eutan Pl Baltimore Md

23c. DATE SIGNED

2-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-24-52

24c. NAME OF CEMETERY OR CREMATORY

Rosedale

24d. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutan Pl

Kadow
1206 Eutaw Pe

1

52 1779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1779

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Louis Blumberg

2. DATE
OF
DEATH

2-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

LEVINDALE

C. CITY OR TOWN

BELTO

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

GREENSPRING + BELVEDERE

c. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

87

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

REAR ESTATE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ISPOC

14. MOTHER'S MAIDEN NAME

AGNES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

DAVID BLUMBERG - SP4E

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic cardio-vascular disease 2 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

years

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1952, to February 22, 1952 that I last saw the deceased alive on 2-22, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23. SIGNATURE

Jerome J. Blumberg M.D.

23B. ADDRESS

Levin Dale Home

23C. DATE SIGNED

2-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/24/52

24C. NAME OF CEMETERY OR CREMATORY

North Pt. Rd.

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

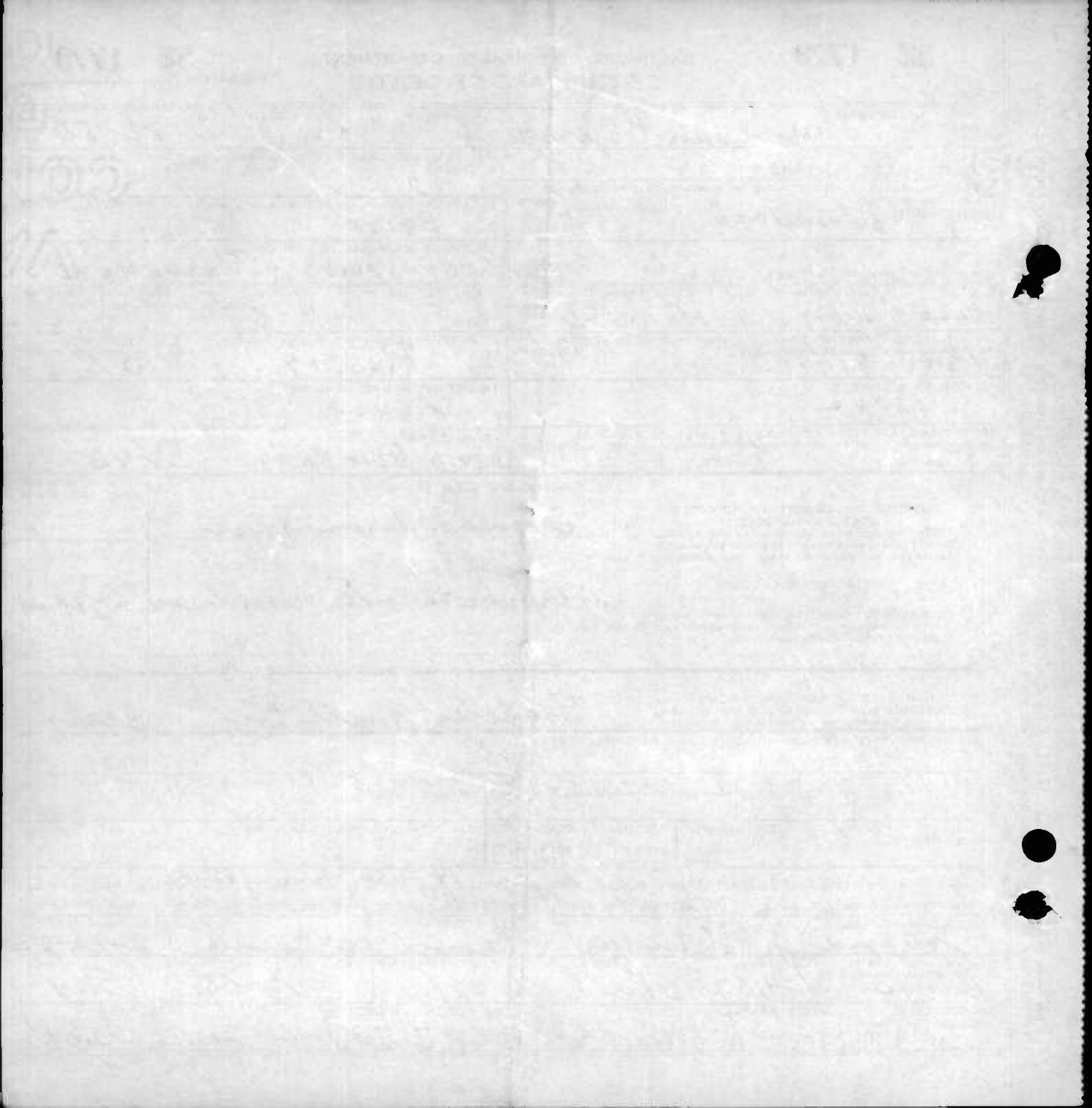
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EB24 1952

Huntington Williams M.D. Frank J. Leo - 2100 Eutaw Pl



MARGIN RESERVED FOR BINDING

H-100

52 1780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1780

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Dora Hope</u>		2. DATE OF DEATH <u>February 22, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>15-02</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1800 N. Appleton Street</u>		D. STREET ADDRESS (If rural, give location) <u>1800 N. Appleton Street</u>		E. Yrs. <u>5</u> Mos. <u>0</u> Days <u>0</u>	
c. Length of stay in Baltimore		5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>May, 1881</u>		9. AGE (In years last birthday) <u>70</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>7</u>		11. BIRTH PLACE (State or foreign country) <u>South Carolina</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>7</u>		14. MOTHER'S MAIDEN NAME <u>7</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Robert Hope</u> ADDRESS <u>1800 N. Appleton St.</u>	
18. <u>442X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cardio Vascular Renal Disease</u> DUE TO (A) <u>Hypertensive - Senility</u> DUE TO (B) <u>2 yrs.</u> DUE TO (C) <u>INTERVAL BETWEEN ONSET AND DEATH</u>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>January 1950</u> , to <u>February 22, 1952</u> , that I last saw the deceased alive on <u>February 22, 1952</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>600 N. Arlington Avenue</u>		23C. DATE SIGNED <u>2-23-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/24/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rock Hill</u>	
24D. LOCATION (City, town, or county) (State) <u>South Carolina</u>		25. FUNERAL DIRECTOR <u>Williamus, Alfred, Halstead</u>		ADDRESS <u>Rock Hill</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 24 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

VS 150

131a or.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100

DEPARTMENT OF COMMERCE
BUREAU OF COMMERCE

100

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100

52 1781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1781

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH C. BROWN

2. DATE
OF
DEATH Feb 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 27 N. Carey Street

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE Maryland B. COUNTY Baltimore before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Good Samaritan Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore, Maryland township)

D. STREET ADDRESS (If rural, give location)

Rear 7500 Old Harford Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 14, 1875

9. AGE (in years
last birthday)

76

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John McDermott

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

Martin J. Droney

ADDRESS

623 Homestead St.

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma of the rectum*
DUE TO

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

July 45

19B. MAJOR FINDINGS OF OPERATION

Colonostomy

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23/1951, to 2/21/1954 that I last saw the
deceased alive on 2/21/1954 and that death occurred at 11:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Wehberger

23B. ADDRESS

912 Brooks Lane

23C. DATE SIGNED

2/23/54

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1217 St. Paul Street

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1581

RECEIVED BY MAIL DELIVERED

DATE OF DELIVERY

1901

1

1581

1901

1901

1901



M-324
52 1782BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1782
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George MITCHELL

2. DATE
OF
DEATH

FEB 21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland OSL-6

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
JOHNS HOPKINS HOSPITAL4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 1-04

D. STREET ADDRESS (If rural, give location)

820 S. KENWOOD AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1888 Aug. 5

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

machinist helper

10B. KIND OF BUSINESS OR
INDUSTRY

Gen. Can. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Mitchell

14. MOTHER'S MAIDEN NAME

Maria Arnold

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

215-03-3736

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Atherosclerosis

Unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Jaundice

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-1952 to 2-21-1952 that I last saw the
deceased alive on 2-21-1952 and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

B24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

K. M. G. & Co., 1212 St. Paul St

ADDRESS

VS 150

6903D

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

1955

1955

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

FILE NO.

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Occupation	
Usual Residence		Place of Death	
Cause of Death		Date of Death	
Physician's Signature		Registrar's Signature	
Physician's Title		Registrar's Title	
Physician's Address		Registrar's Address	
Physician's Phone		Registrar's Phone	
Physician's License No.		Registrar's License No.	
Physician's State		Registrar's State	
Physician's Country		Registrar's Country	
Physician's City		Registrar's City	
Physician's Zip		Registrar's Zip	
Physician's Fax		Registrar's Fax	
Physician's Email		Registrar's Email	
Physician's Website		Registrar's Website	
Physician's Social Media		Registrar's Social Media	
Physician's Other Info		Registrar's Other Info	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1783

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDDIE

HAWKINS

2. DATE
OF
DEATH Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 22 - 17

9. AGE (In years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

42 Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Hawkins

14. MOTHER'S MAIDEN NAME

Julia Fuchle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

E 982 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of neck

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2600 block Francis Street

13-03

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
found Feb. 23 - 3:00 A. m.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/24/52

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Blackstone, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. J. Scott Blackstone Va.

ADDRESS

VS 151

N-814-2

167

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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L-16052 1785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1785
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Michael Luber

2. DATE
OF
DEATH

Feb. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Md.

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1207 North Patterson Park Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 8-04

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1207 North Patterson Park Ave.

5. SEX

Male

6. COLOR OR RACE

24 White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 24, 1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Income Tax Consultant

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Luber

14. MOTHER'S MAIDEN NAME

Annie Maurer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

215-10-5279

17. INFORMANT

ADDRESS

Ida Luber - 1207 N. Patterson Park Ave.

18.

153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of the ascending colon
DUE TO and general metastases

7 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 21, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the cecum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1952 to Feb. 21, 1952, that I last saw the
deceased alive on Feb. 20, 1952, and that death occurred at 9:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

1513 E. North Ave.

23C. DATE SIGNED

2-22-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Belair Road - Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

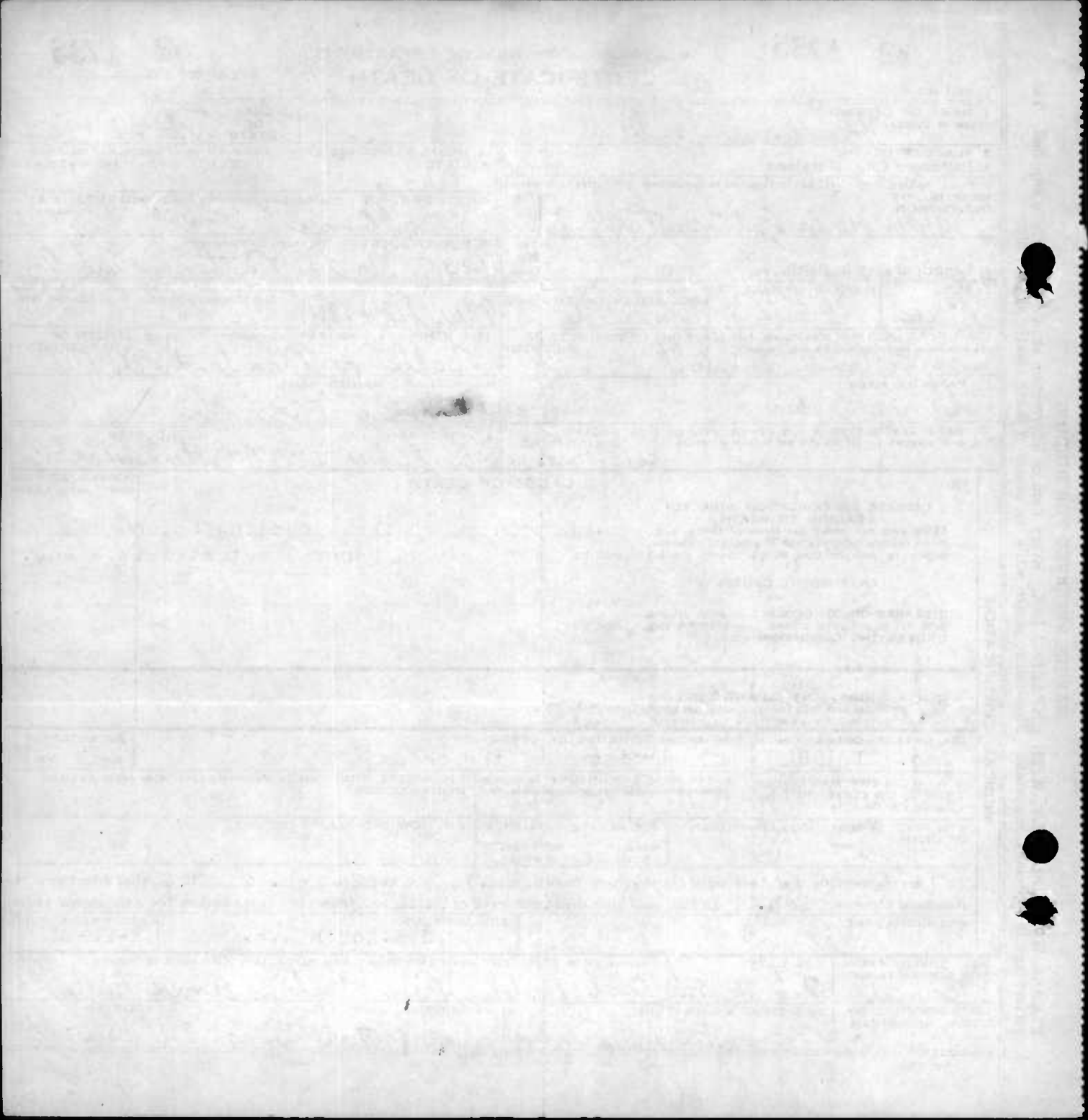
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. Miller Inc 32436 E. Oliver St.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1784
Registered No.

52 1784
H325
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE HUTSCHENREUTER			2. DATE OF DEATH Feb. 23, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-07		
C. Length of stay in Baltimore 60 yrs.			D. STREET ADDRESS (If rural, give location) 1626 Montpelier Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18-1888		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10B. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Albert Hutschenreuter			14. MOTHER'S MAIDEN NAME Anna Blei		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT Emma Hutschenreuter		
			ADDRESS 1626 Montpelier St.		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diffuse Peritonitis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Colon		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-26-52		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) (State) North Ave. Balto. Md.		25. FUNERAL DIRECTOR John C. Miller Inc. 2435 E. Oliver St.			

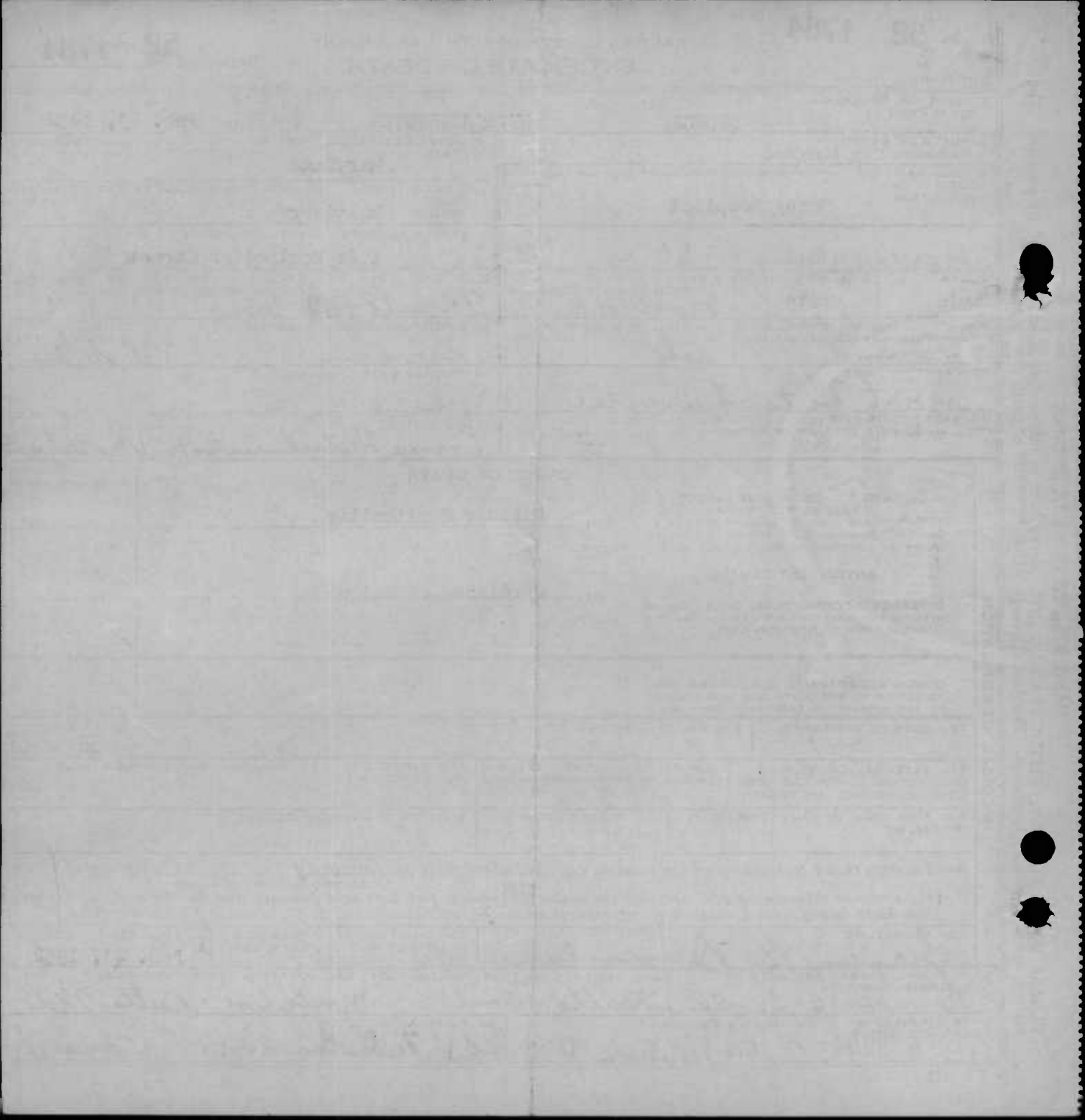
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46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1786

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alonzo Grayson Wachter

2. DATE
OF
DEATH

Feb 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY (before admission)

Maryland

Frederick

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTIONU.S. Public Health Service Hospital
Wyman Park Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Frederick

D. STREET ADDRESS (If rural, give location)

719 Trail Avenue

c. Length of stay in Baltimore

22

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2-19-97

9. AGE (In years
last birthday)

55

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unkn.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

David E. Wachter

14. MOTHER'S MAIDEN NAME

Josephine Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 1

16. SOCIAL
SECURITY NO.
Unkn17. INFORMANT
ADDRESS
Records, US PHS Hospital, Baltimore, Md.

18.

443X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Myocardial insufficiency

Unkn

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Hypertensive cardiovascular disease

Unkn

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1952, to 2-23, 1952, that I last saw the
deceased alive on 2-23, 1952 and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

R. Raymond Green, S.A. Surgeon

M.D. US PHS Hospital, Baltimore, Md.

2-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb 26, 1952

Mt. Olivet Cem.

Frederick, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1952

Huntington Williams, M.D.

M. R. Glavin, M.D.

Frederick, Md.

VS 150

93D

VALLEY
CONGRESS
BOND
100% P.A.C.
U.S.A.

52 1787

52 1787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Guinnette K. Shure

2. DATE OF DEATH
Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3025 Brighton St.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3025 Brighton St.,

c. Length of stay in Baltimore

67 - Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 11, 1878

9. AGE (in years last birthday)

73

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hanson

14. MOTHER'S MAIDEN NAME

Mary P. Clements

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Douglas G. Shure 602 Alleghany Ave.

18.

331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage. Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Hypertension. 2 years.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis. 7 years?

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 21, 1950, to Feb. 22, 1952 that I last saw the deceased alive on Feb. 22, 1952 and that death occurred at 7 A. M. from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Gidley.

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

Feb. 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-25-1952

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Park

24D. LOCATION (City, town, or county)

Elkridge,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Dr. Frank H. Ogden
2701 N. Calvert St.

52 1788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1788
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Velevis

2. DATE
OF
DEATH

2/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

40 S. Parkin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

40 S. Parkin St.

c. Length of stay in Baltimore

46

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8/15/1888

9. AGE (In years
last birthday)

63

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Bulota

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr Joseph Velevis

4 Parkin St.

18.

153X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Broncho-Pneumonia

(B)

DUE TO

Carcinoma of sigmoid & Metastases to liver

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

2da

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1952, to 2/23, 1952, that I last saw the
deceased alive on 2/23, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph G. Lancaster

23B. ADDRESS

679 Washington Blvd

23C. DATE SIGNED

2/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Brown & Son Hollins

ADDRESS

VS 150

46E

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

to the
University of Chicago
Library

1917
University of Chicago
Library

1917
University of Chicago
Library

52 1789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1789

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Jaromin

2. DATE
OF
DEATH

2-21-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2630 Hudson St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2630 Hudson St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March - 1891

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? Wozniak

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary Siekerski 2630 Hudson St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Pulmonary Embolism 2-21-52

Myocarditis -
Arteriosclerosis1945
1945OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 24, 1940, to Feb 21, 1952, that I last saw the
deceased alive on Feb 21, 1952, and that death occurred at 12:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-25-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Dundalk Ave. Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 24 1952

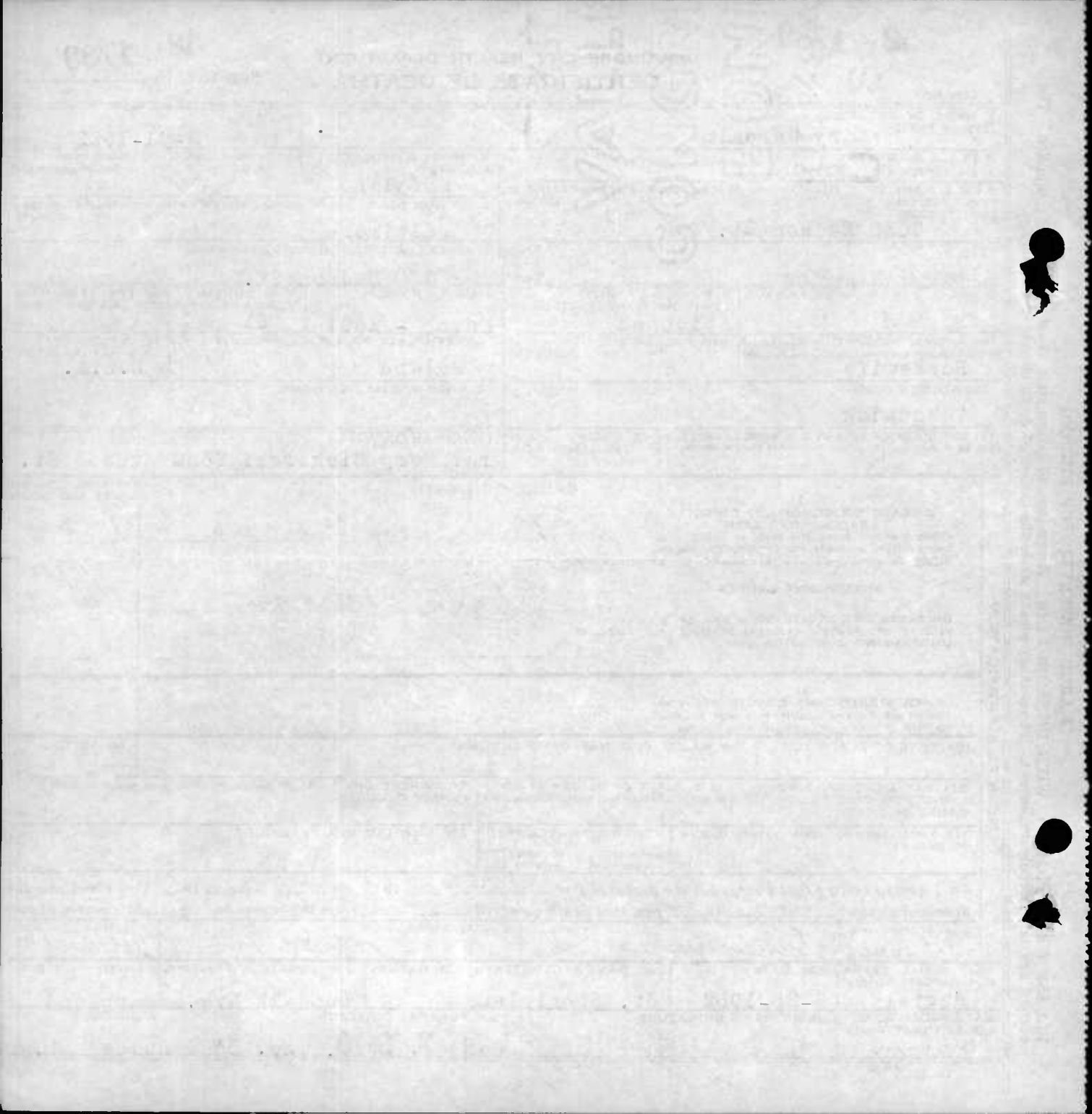
Huntington W. W. Jones, Jr. John J. Suds, Inc. 2829 Hudson St.

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



52 1790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1790

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Elizabeth B. Young.*2. DATE
OF
DEATH*Feb. 21-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *513 S. Fulton Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore *19-04*

c. Length of stay in Baltimore

*76 yrs.*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

515 S. Fulton Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 25-1875

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John H. Happpauf

14. MOTHER'S MAIDEN NAME

Gertrude Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ella Hoffmann 513 S. Fulton Ave

18.

442x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pulmonary Edema

DUE TO

(B)

Cardio Nephritic

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

48 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 1*, 1951, to *Feb 21*, 1952, that I last saw the deceased alive on *Feb 21*, 1952, and that death occurred at *10⁰⁰ pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Nitch

M. O.

23B. ADDRESS

2151 W. Wiltshire Ave

23C. DATE SIGNED

2/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25-52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

EB24 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Geo. H. Beyer Jr

ADDRESS

1512 Hollins St

VS 150

Balt. 23 Md 131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PLAIN INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

2151 Wilbur Ave - Ph. 1454

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

C-240
(2) 52 1791

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1791
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <u>Ellen Basselle</u>		2. DATE OF DEATH <u>Feb 23, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Bldg 3</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>25-41</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>289 Oakley Village</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-14-1899</u>	9. AGE (In years last birthday) <u>53</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Va.</u>		13. FATHER'S NAME <u>John Odum</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Barnett</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS _____	
18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Malignant hypertension</u> (A) _____ DUE TO <u>Cerebral Vascular accident</u> (B) _____ DUE TO (C) _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-23-1952</u> to <u>2-23-1952</u> , that I last saw the deceased alive on <u>2-23-1952</u> and that death occurred at <u>JOHNS HOPKINS HOSPITAL</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>John Odum</u>		M. D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
23C. DATE SIGNED <u>2-28-52</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 26/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Pk.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. 29 Md.</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Edmondson Ave.</u>	

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

1901

1901

1901

1901

1901

1901

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1901

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1901

1901

1901

52 1792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1792

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Elizabeth B. Cross

2. DATE
OF
DEATH

Feb/ 22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital, Balto., Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1520 Park Ave.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 29, 1890.

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Nantucket, R. I.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Richard K. Cross

14. MOTHER'S MAIDEN NAME

Mary Breckinridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hosp. Records

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary embolus.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Intestinal Obstruction

(C) DUE TO

Adhesive Bands.

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-19-52

19B. MAJOR FINDINGS OF OPERATION

Adhesive Bands. Gangrenous Bowel

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1952, to 2-22, 1952, that I last saw the
deceased alive on 2-22, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

W. K. Bruden

23B. ADDRESS

M. D. St. Mary's

23C. DATE SIGNED

2-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 25/52

24C. NAME OF CEMETERY OR CREMATORY

Hillside Cemetery

24D. LOCATION (City, town, or county)

Osterville, Mass.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry R. Smith

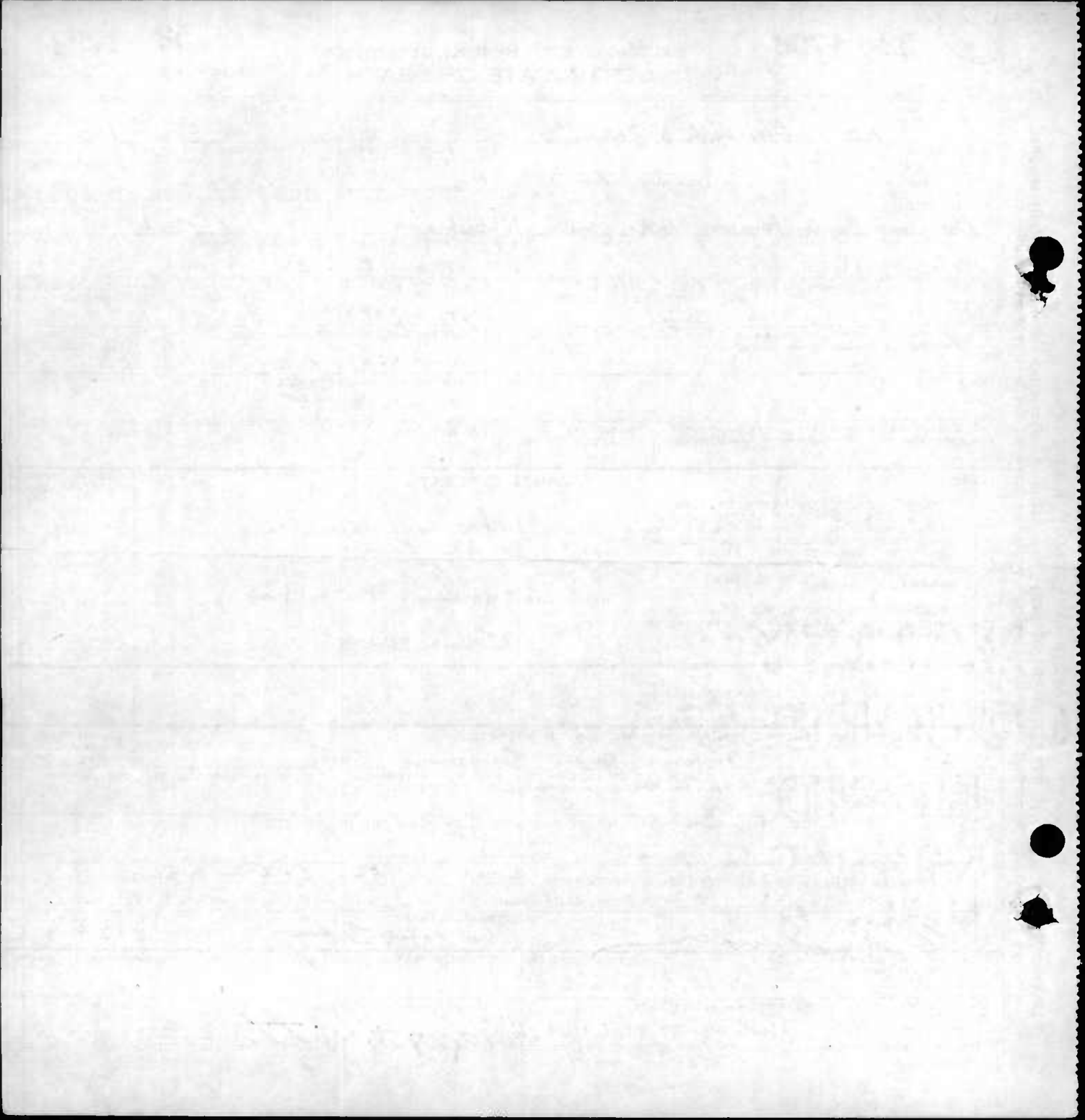
ADDRESS

101 Edmondson Ave

FEB 25 1952

VS 150

122B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jessie Blandford

2. DATE OF DEATH
22 Feb. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3711 Flowerton Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3711 Flowerton Rd

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 6, 1875

9. AGE (In years last birthday)

76

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jesse Hay

14. MOTHER'S MAIDEN NAME

Florence Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm. Blandford, 5624 Edmondson Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

104 hr

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bacillary Foot

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1951, to 2-22, 1952, that I last saw the deceased alive on 2-21, 1951, and that death occurred at 4:41 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2-22

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. 29, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams

H. Williams

4101 Edmondson Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1794

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susanne Rebecca Cole

2. DATE
OF
DEATH

Feb. 22/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

617 Glenolden Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

16-06

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

617 Glenolden Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 8, 1864

9. AGE (In years
last birthday)

87

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

----Ziegler

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Blanche Craig, 617 Glenolden Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Essential Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1949 to Feb 22, 1952 that I last saw the
deceased alive on Feb 20, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington, Williams, M. H. Wright

4101 Edmondson Ave.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF MARRIAGE

PLACE OF MARRIAGE

CAUSE OF MARRIAGE

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

52 1795

52 1795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Natalie COHEN

2. DATE
OF
DEATH

Feb 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-17

D. STREET ADDRESS (If rural, give location)

5719 Woodmont Ave.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

March 21, 1903

9. AGE (In years
last birthday)

48

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Mr. William Miller

14. MOTHER'S MAIDEN NAME

Margaret Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Baltimore 5719 Woodmont Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of Cecum

DUE TO

Colon & metastases

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19 months

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from Jan 3, 1952 to Feb 24, 1952 that I last saw the
deceased alive on Feb 23, 1952 and that death occurred at 1:43 AM., from the causes and on the date stated above.

23A. SIGNATURE

Robert H. Stone

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

2-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

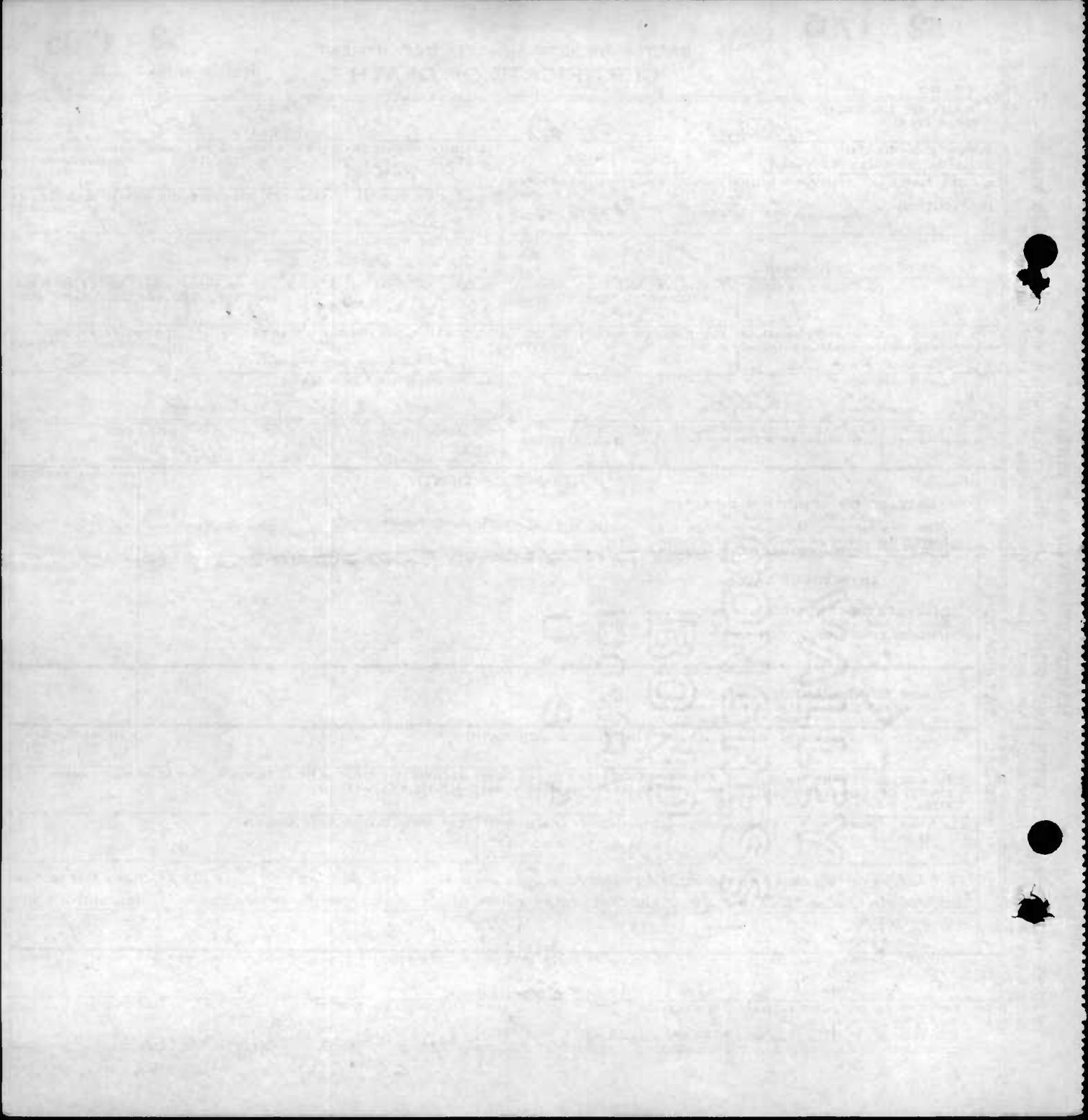
ADDRESS

VS 150

C. Lannon Lannon
4611 Park Heights Ave.
46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-532
52 1796MINTZER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1796
Registered No. _____

BIRTH NO. 51-29330

1. NAME OF DECEASED
(Type or Print)

Deborah Anne Mintzer

2. DATE
OF
DEATH

2-24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

37 Mercy

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5124 Craig Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

MAY 14 1901

9. AGE (in years,
last birthday)10. Under 1 Year
Months: Days

2 10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Mintzer

14. MOTHER'S MAIDEN NAME

Catherine Brazier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

7544

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital Heart Disease

2 mo. 10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1952 to 2-24, 1952, that I last saw the
deceased alive on 2-24, 1952, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington, W. Va.

4611 Park Heights

VS 150

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

100-100000

100-100000

100-100000

100-100000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Miss S. Edith Townsend

2. DATE
OF
DEATH

Feb 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Linden-Madison

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Maryland Gen Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-05

D. STREET ADDRESS (If rural, give location)

1824 St Paul St.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 17, 1877

9. AGE (in years

last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Samuel P. Townsend

14. MOTHER'S MAIDEN NAME

Sallie Brundoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Miss E. A. Gural - 1824 St Paul St

18.

180X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Metastatic Carcinoma*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

9 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma of Rt Kidney*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/24/51

19B. MAJOR FINDINGS OF OPERATION

Capillary Ca - Primary Pelvis of Rt Kidney

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec 19*, 1952, to *Feb 22*, 1952, that I last saw the deceased alive on *Dec 19*, 1952, and that death occurred at *3:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

P. E. Burnett

M. D.

23B. ADDRESS

Maryland Gen Hosp.

23C. DATE SIGNED

2/22/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

Feb 25/52

24C. NAME OF CEMETERY OR CREMATORY

Linden Park

24D. LOCATION (City, town or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

EB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Seaverth Mumm, Balto

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-430

52 1798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1798

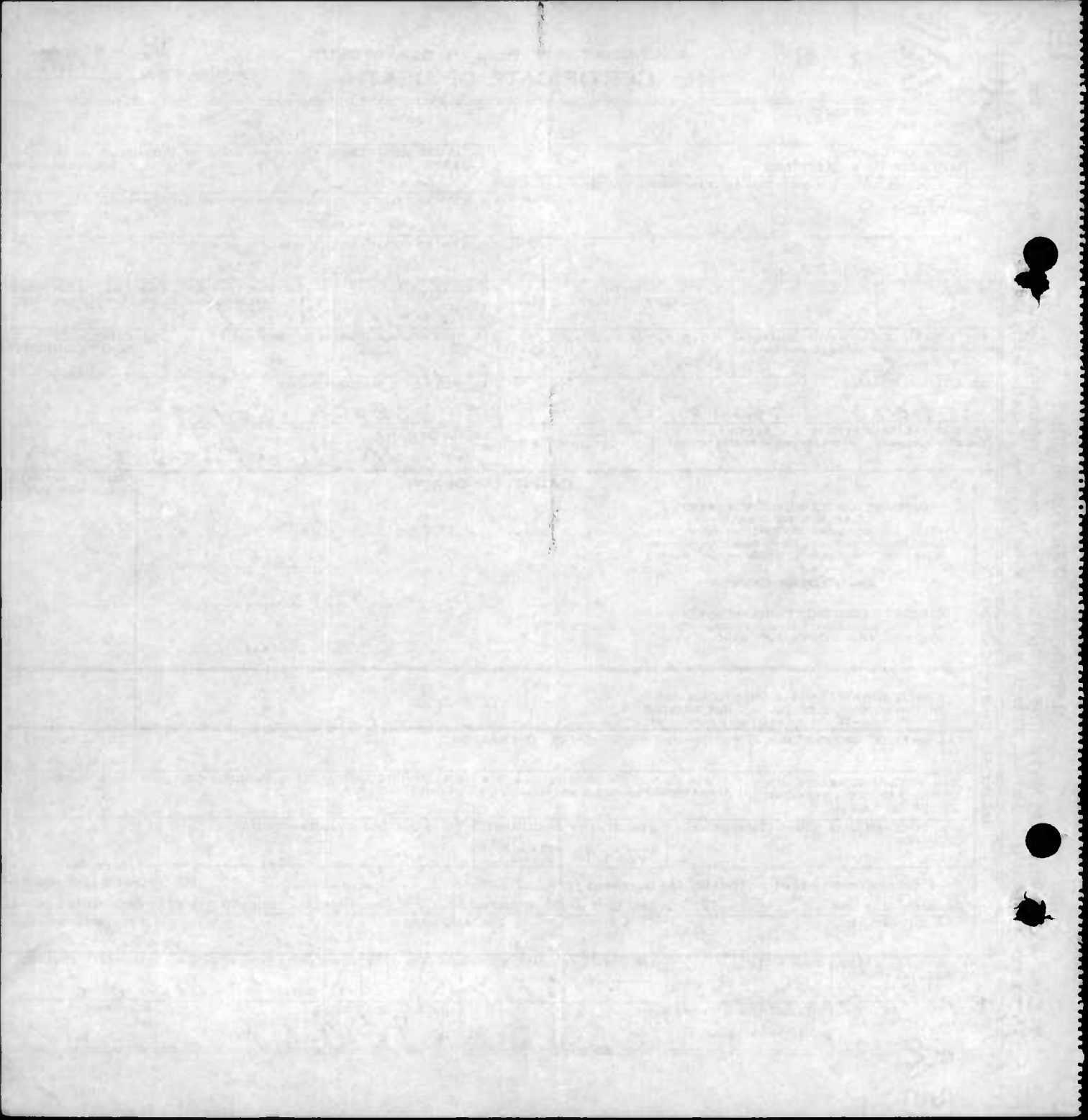
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) RAYMOND ELLIOTT		2. DATE OF DEATH 2-21-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 422 Swanwick Hospital - DOR		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2508 Lauretta Ave			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5-16-1900	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY SINAI Hosp.		11. BIRTHPLACE (State or foreign country) BALTO: MD	
13. FATHER'S NAME ROBERT ELLIOTT		14. MOTHER'S MAIDEN NAME REDESSA CONES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS BERTINA ELLIOTT 2508 LAURETTA	
18. 502.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cor Pulmonale & cardiac failure DUE TO Sailor ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Bronchitis and Pulmonary Emphysema DUE TO Chronic Bronchitis and Pulmonary Emphysema OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Several days Yrs	
19A. DATE OF OPERATION 2/21		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/21 , 19 52 , to 2/21 , 19 52 , that I last saw the deceased alive on 19 , and that death occurred at 9:25 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Em Elwell		23B. ADDRESS Swanwick Hospital		23C. DATE SIGNED 2/21/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-25-52		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY	
24D. LOCATION (City, town, or county) (State) A.A. COUNTY. MD		24E. DATE RECEIVED BY LOCAL REGISTRAR Huntington, Md.		25. FUNERAL DIRECTOR ADDRESS Joseph G. Behr, Jr 1304 N. Central Ave	

FEB 25 1952
VS 150

780 8T

106 B



52 1799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1799

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Annie Belle Harkins

2. DATE
OF
DEATH February 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1901 Boone Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1901 Boone Street

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 26, 1880

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

John R. Bailey

14. MOTHER'S MAIDEN NAME

Annie Elizabeth Boston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
-----17. INFORMANT ADDRESS
J. R. Harkins 878 N. Kensington Street
Arlington 5, Va.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Acute Coronary Thrombosis
DUE TO Chronic Myocarditis and
arteriosclerotic Cardiovascular
(B) Disease
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

1/2 hr

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 3, 1950, to Feb. 22, 1952, that I last saw the
deceased alive on Feb. 21, 1952, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Feb. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

VS 150

Horace F. Burgee

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Taylor
3901 Greenwood St 0708

T-460
52 1800BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1800
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Taylor, French Alexander Sr.

2. DATE
OF
DEATH

February 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1125 E. North Ave.

c. Length of stay in Baltimore

22 yr.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 20, 1886

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRYMathieson
Chemical Co.

11. BIRTHPLACE (State or foreign country)

West Point, Va.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Judson Taylor

14. MOTHER'S MAIDEN NAME

Sarah DeSouthworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

187-10-1154

17. INFORMANT

ADDRESS

Mrs. Bessie B. Taylor 1125 E. North Ave.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Old posterior coronary occlusion

NEXT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Recent anterior coronary occlusion

NEXT

(C) with Myocardial infarction

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 10, 1952 to February 22, 1952, that I last saw the
deceased alive on Feb. 22, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Paul Coffey Jr.

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Feb. 22, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgess Funeral Home 3631 Falls Road

VS 150

5234R

Morace F. Burgess

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

C-160

52 1801

CERTIFICATE CORRECTED 9/1/52 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1801

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Ross Fulton Cooper</i>		2. DATE OF DEATH <i>Feb. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>4010 Southern Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 27-01</i>			
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>4010 Southern Ave</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Nov. 13, 1890</i>	9. AGE (In years: last birthday) <i>61</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<i>Transportation</i>		<i>Gas & Elec Co</i>		<i>Balto</i>	
13. FATHER'S NAME <i>Thomas Nelson Cooper</i>		14. MOTHER'S MAIDEN NAME <i>Zoe Jackson</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Viola E. Cooper Same</i>	
18. <i>44 x X 1 and 00 x X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>(A) Arteriosclerotic and Vascular Heart Disease (B) Chronic Bronchitis (C) Pulmonary tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 years (over)</i>	
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>the</i> <i>19-51</i> to <i>Feb. 23, 1952</i> that I last saw the deceased alive on <i>Feb. 22, 1952</i> and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Elmer E. Sikorsky</i>		23b. ADDRESS <i>2939 Mc Cleary St</i>		23c. DATE SIGNED <i>2/23/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-26-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24d. LOCATION (City, town, or county) (State) <i>Taylor Ave Md</i>		25. FUNERAL DIRECTOR <i>W. B. Blight, 6009 Harford Rd</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		380 5E	

VS 150

131a

See Document File 52-1801 Dr. Silverman's (Director, BCHD Bureau of Tbc) letter
to and reply from Dr. Albert Sikorsky
9/2/52 ES

Dr. Silverman
1500 N. Elmwood

3 P.M.

52 1802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1802
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUDE L. MILBOURN

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5048 E. EAGER ST.

c. Length of stay in Baltimore

74 YRS.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOME

13. FATHER'S NAME

CHARLES WALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NO

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-44

D. STREET ADDRESS (If rural, give location)

5048 E. EAGER ST.

8. DATE OF BIRTH

10-3-1877

9. AGE (In years last birthday)

74

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

CARRIE WRIGHT

17. INFORMANT

ADDRESS

CHAS. L. MILBOURN S. SPRINGTON

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Feb 24, 1952

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

LODGE PARK

24D. LOCATION (City, town, or county)

BALTIMORE MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington-Wildwood Joseph R. RACE inc. BALTO. MD.

Sheet 50

RECEIVED

1802

50

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNIE FRANCES ROTEN

2. DATE

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

445 Ilchester Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

445 Ilchester Avenue

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 11, 1879

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John B. Carrill

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 3707 Keswick Road - 11
Mr. Wilbur Roten18. 470.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

CAUSE OF DEATH

Arteriosclerotic heart disease
with congestive failure

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30/1950 to 2/22/1952, that I last saw the deceased alive on 2/18/1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Mam. Friedman

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

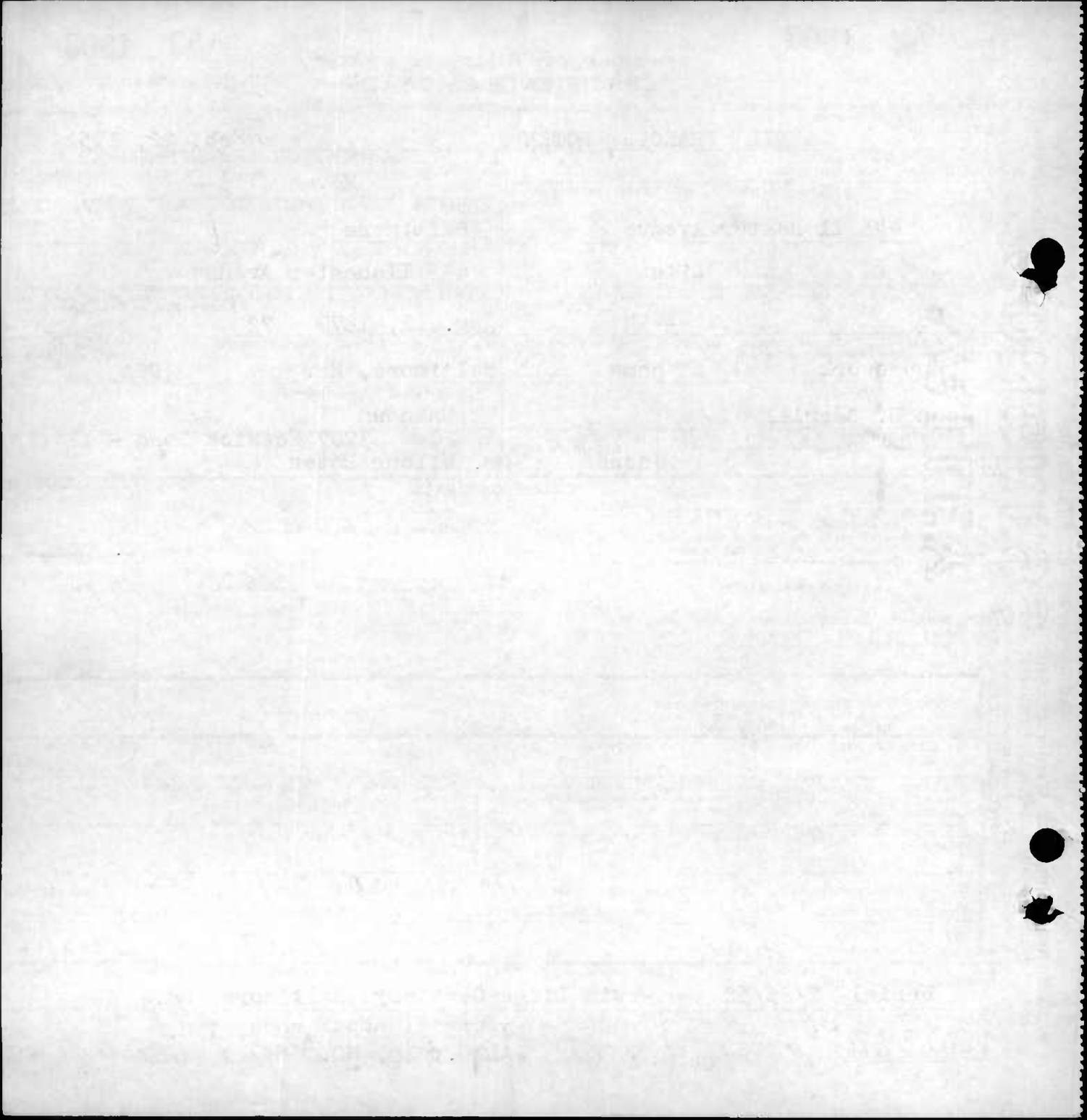
Huntington Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 8 10, MD.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1804
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KRAUK M. NIE (Wilhelmina Krauk)

2. DATE OF DEATH **2-22-52**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md**

B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

118 MURDOCK Rd. 5300

C. Length of stay in Baltimore **life**

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept 3 - 1876

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days

5 19

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

HARRY OLTMAN

14. MOTHER'S MAIDEN NAME

FEBINHAUSEN, Katherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT **3303 Ailsa Avenue** **ESS- 14**
Mr. George Krauk

18.

157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Obstructive Jaundice**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Carcinoma - Head of Pancreas**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

ASCUD

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-15**, 1952, to **2-22**, 1952 that I last saw the deceased alive on **2-22**, 1952, and that death occurred at **8:10** p. m., from the causes and on the date stated above.

23A. SIGNATURE

Mr. B. B. B.

M. O.

23B. ADDRESS

Franklin Sq. Bldg.

23C. DATE SIGNED

2-22-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. BALTO. 13, MD.

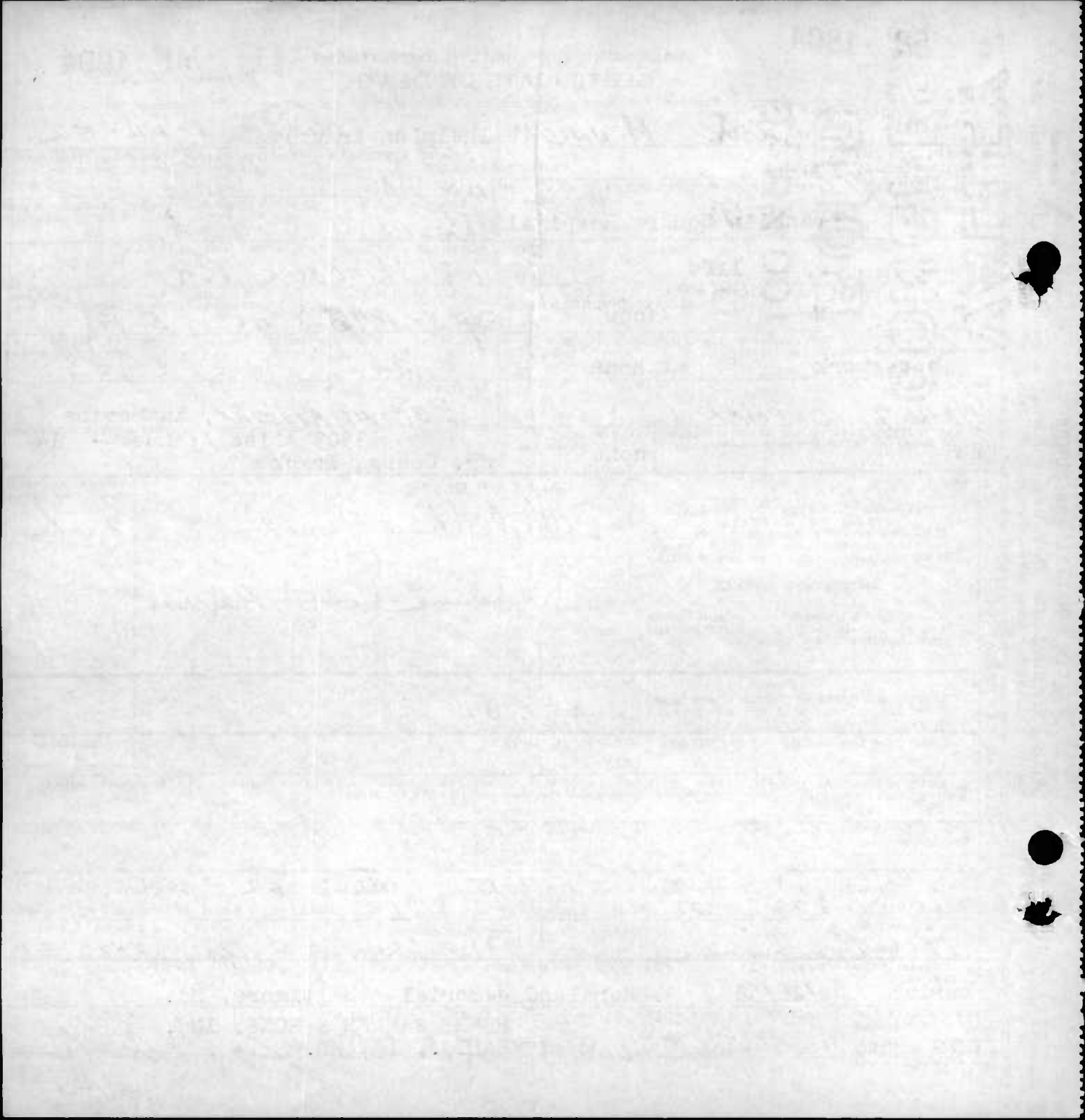
ADDRESS

Say 7 Sander

469

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1805
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE E. RULEY

2. DATE
OF
DEATH

2/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

48 Maryland Gen. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-01

D. STREET ADDRESS (If rural, give location)

12 N. Patomas St 24

c. Length of stay in Baltimore

Life

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 9, 1871

9. AGE (in years last birthday)

80

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Isy Mills

14. MOTHER'S MAIDEN NAME

Virginia Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 3501 Frankfort Avenue 14

Mr. Wm. T. Slocum

18.

570.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Embolism

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Intestinal obstruction

DUE TO

2 weeks

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/8/52

19B. MAJOR FINDINGS OF OPERATION

Intestinal obstruction - adhesion

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8/52 1952 to 2/23/52, 1952 that I last saw the deceased alive on 2/23/52 and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Velame

23B. ADDRESS

Maryland Gen. Hosp

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. BALTO., MD.

ADDRESS

Isy 7 Miller

1001

X

1001

5



117a

See Letter in Document File from Dr. Harvey B. Stone

4/9/52 ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1807

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOLINDA

MC ALLISTER

2. DATE
OF
DEATH

February 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1709 E. Biddle Street

c. Length of stay in Baltimore

22

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-25-1900

9. AGE (in years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Elizabethtown N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Mc Dowell

14. MOTHER'S MAIDEN NAME

Henritta B. Blackwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

George McAllister 331 E. Tanvale St.

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Goulacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 22, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-25-52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ceme

24D. LOCATION (City, town, or county) (State)

Ann Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Randolph J. Hollick

ADDRESS

643 8C 1412 E. Preston St.

VS 151

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1808

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peddlicord, Nicholas L.

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2818 Belmont Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2818 Belmont Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 21, 1885

9. AGE (In years
last birthday)

66

If Under 1 Year If Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah Peddicord

14. MOTHER'S MAIDEN NAME

Unknown Veirs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.
219-07-2187

17. INFORMANT

ADDRESS Ave.

Mrs. Elizabeth C. Peddicord - 2818 Belmont

18.

002X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, to Feb 24, 1952, that I last saw the
deceased alive on Feb 23, 1952, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

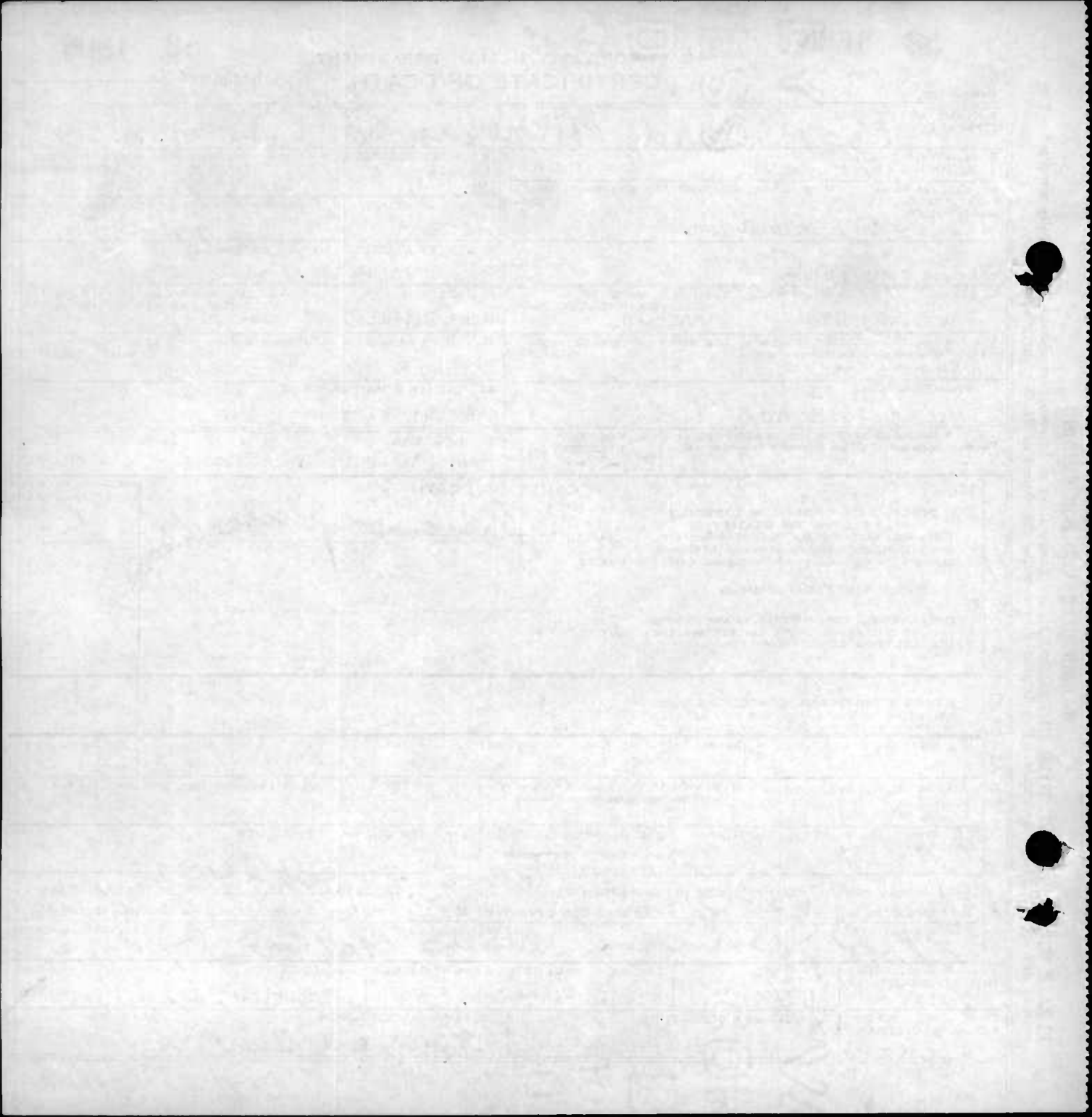
FEB 25 1952

Huntington Williams, M.D.

26. J. S. Sauer & Sons 132

318 99

Coats 17, Md



BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Edith Bovey Mundt.

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore.

9-01

D. STREET ADDRESS (If rural, give location)

706 Cator Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 1, 1878

9. AGE (In years
last birthday)

74

If Under 1 Year

Months

If Under 24 Hours

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George W. Tawes

14. MOTHER'S MAIDEN NAME

Julia Carew

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ollie Richardson - 706 Cator Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Total cardiac decom-
pensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardio
vascular disease.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1952 to 2/23, 1952 that I last saw the
deceased alive on 2/23, 1952 and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Gabele Bakhar

23B. ADDRESS

M. D. Maryland General Hospital 2/24/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952 Huntington Williams, M.D.

26m. J. S. S. & Sons

VS 150

390990 937 Balto 17, Md.

1000 1/2
1000 1/2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52** 1810

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Mittie S. Bagby*2. DATE
OF
DEATH*Feb 24-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

4521 Mainfield

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

Baltimore 27-02

D. STREET ADDRESS (If rural, give location)

4521 Mainfield Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

widowed

8. DATE OF BIRTH

June 21-1872

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*at home*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Appomattox Va.*12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Robert Bell

14. MOTHER'S MAIDEN NAME

*Isabella Inge*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Clarence Hall - Mainfield

ADDRESS

18.

443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Brucella melitensis**1 dy*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Hypertension Cerebrovascular disease**6 yrs*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2*, 19*49*, to *2/24*, 19*52*, that I last saw the
deceased alive on *2/24*, 19*52*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

S. C. Feldman

M. D.

23B. ADDRESS

1440 C Bell St

23C. DATE SIGNED

*2/15/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-26-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Fisk

ADDRESS

*25305 Rayford Rd**FEB 25 1952*

Dr. Feldmann
1440 E Balto St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1811
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS

YINGLING

2. DATE
OF
DEATH

February 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

609 W. West Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 1896

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mary Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

216-03-8743

17. INFORMANT

Mr. Earl Kelbourn

ADDRESS 2346

Hilkins

18.

E 971.8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cyanide poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

609 W. West Street

21D. TIME (Month) (Day) (Year) (Hour)

Found: 2/16/52 10:45 A. M.

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of cyanide

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

23B. CHIEF MEDICAL EXAMINER.....

M.D. ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Feb. 19, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-26-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Luck

ADDRESS

5305 Harford

VS 151

N-979.0

54432

1632

DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		CAUSE OF DEATH _____		MANNER OF DEATH _____	
SIGNATURE OF PHYSICIAN _____		SIGNATURE OF CORONER _____		SIGNATURE OF WITNESS _____	
DATE OF DEATH _____		TIME OF DEATH _____		PLACE OF DEATH _____	
NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		CAUSE OF DEATH _____		MANNER OF DEATH _____	
SIGNATURE OF PHYSICIAN _____		SIGNATURE OF CORONER _____		SIGNATURE OF WITNESS _____	
DATE OF DEATH _____		TIME OF DEATH _____		PLACE OF DEATH _____	
NAME OF DECEASED _____		SEX _____		AGE _____	
DATE OF BIRTH _____		PLACE OF BIRTH _____		PLACE OF DEATH _____	
OCCUPATION _____		CAUSE OF DEATH _____		MANNER OF DEATH _____	
SIGNATURE OF PHYSICIAN _____		SIGNATURE OF CORONER _____		SIGNATURE OF WITNESS _____	
DATE OF DEATH _____		TIME OF DEATH _____		PLACE OF DEATH _____	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 11/14/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1812

BIRTH NO. 31		1. NAME OF DECEASED (Type or Print) Bernard Quigley		2. DATE OF DEATH 2-23-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 12, 1884	9. AGE (In years last birthday) 67	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Co.		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME John Quigley		14. MOTHER'S MAIDEN NAME Mary Shields		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia, broncho (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1wk.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-16 , 19 37 to 2-23 , 19 52 , that I last saw the deceased alive on 2-23 , 19 52 , and that death occurred at 11.20 PM , from the causes and on the date stated above.					
23A. SIGNATURE C. S. Cohen		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.		23C. DATE SIGNED 2-24-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-26-52		24C. NAME OF CEMETERY OR CREMATORY St. Johns	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 5305 Bayford	

6906P

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 681154

1. NAME OF DECEASED
(Type or Print)

Victoria Margaret Franz

2. DATE
OF
DEATH

Feb 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 1-01

D. STREET ADDRESS (If rural, give location)

716 S. Linwood Ave.

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

June 10 1947

9. AGE (In years,
last birthday)

4

10. Under 1 Year
Months! Days11. Under 24 Hours
Hours! Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Child Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert J. Franz

14. MOTHER'S MAIDEN NAME

Irene Karczmaruk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albert Franz - same

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Carolic Nephros
DUE TO renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Bilateral Renal Tumor

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER:
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1952, to Feb 22, 1952, that I last saw the
deceased alive on Feb 22, 1952, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

23B. ADDRESS

M. D.

Union Memorial Hosp.

23C. DATE SIGNED

2-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams, M.D.

J. Ruck

5305 Wayford Rd

On autopsy, no renal tumor was found.
See Document file for complete anatomical
and histological diagnosis.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1814

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES H. ARTHUR

2. DATE
OF
DEATH

FEB. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1002 GLENWOOD AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO

27-10

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1002 GLENWOOD AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN. 8, 1874

9. AGE (In years
last birthday)

78

N Under 1 Year
Months DaysN Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

METAL

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JAMES ARTHUR

14. MOTHER'S MAIDEN NAME

ELLEN FONTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-01-0155

17. INFORMANT

MRS. J. T. NORMAN

ADDRESS

ABOVE

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on 2/19, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. May

23B. ADDRESS

1200 WOODBOURNE AV.

23C. DATE SIGNED

2/22/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-25-1952

24C. NAME OF CEMETERY OR CREMATORY

LODON PARK

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS CO. 4905 YORK RD.

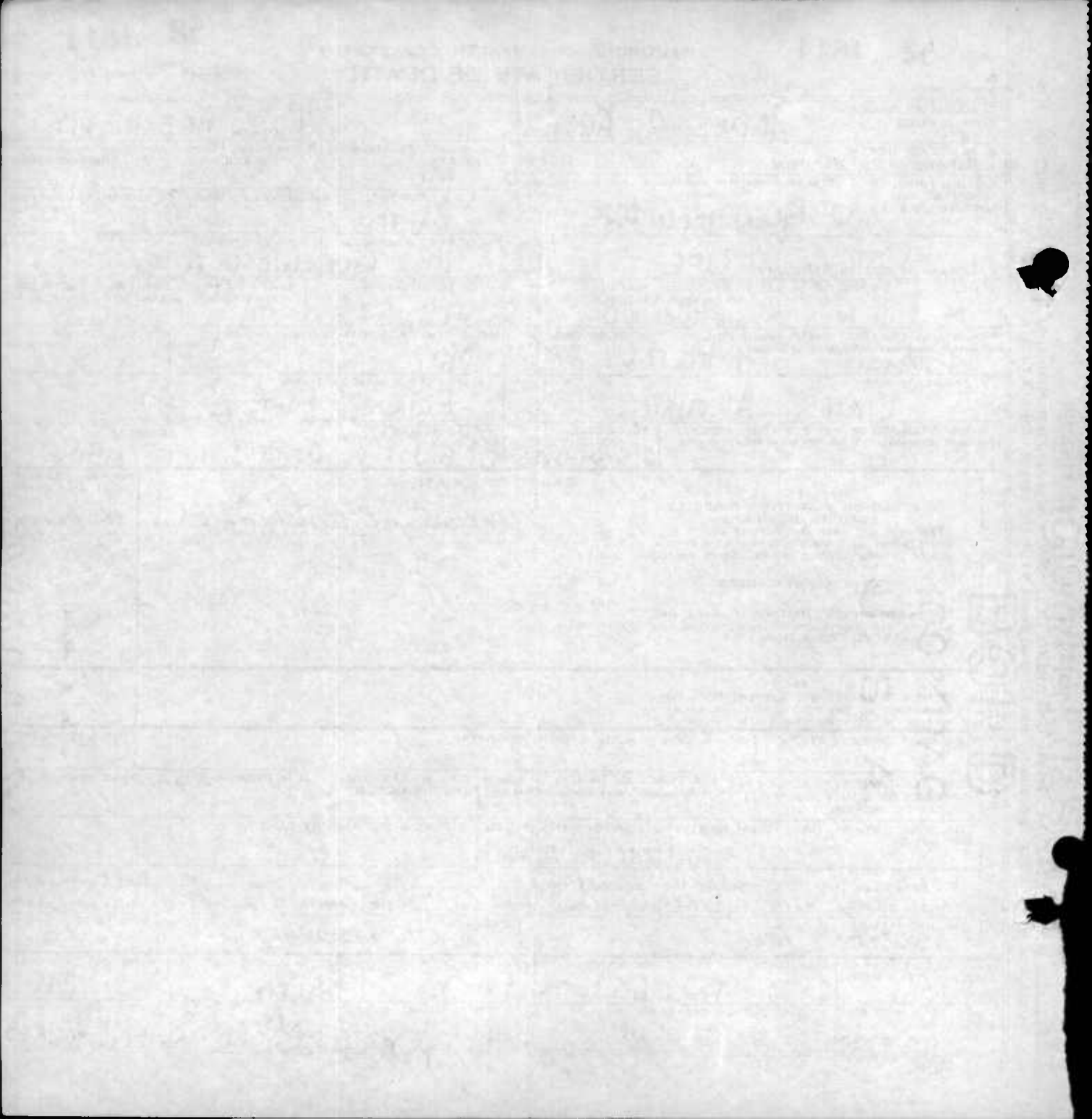
ADDRESS

FEB 25 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

97



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna H. Hoey

2. DATE OF DEATH

Feb. 23 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *Md* B. COUNTY *Balto*

B. FULL NAME OF HOSPITAL OR INSTITUTION

*Harford Conv. Home
4650 Harford Rd.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rockaway Beach. 5300

D. STREET ADDRESS (If rural, give location)

Rt 13 - Balto 21 Md

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Nov. 18 1866 85 82

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo. Lemm

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Harry Hoey, Exx 26 Md

ADDRESS

18.

4 yr. 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral apoplexy

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerotic Cardio-Vascular

2 yrs

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb 10*, 1952, to *Feb 23*, 1952, that I last saw the deceased alive on *Feb 23*, 1952, and that death occurred at *5A* m., from the causes and on the date stated above.

23A. SIGNATURE

William Gardner

23B. ADDRESS

Balto 6 Md.

23C. DATE SIGNED

2-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

3/26/52

24C. NAME OF CEMETERY OR CREMATORY

Daniel Ridge

24D. LOCATION (City, town, or county) (State)

Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

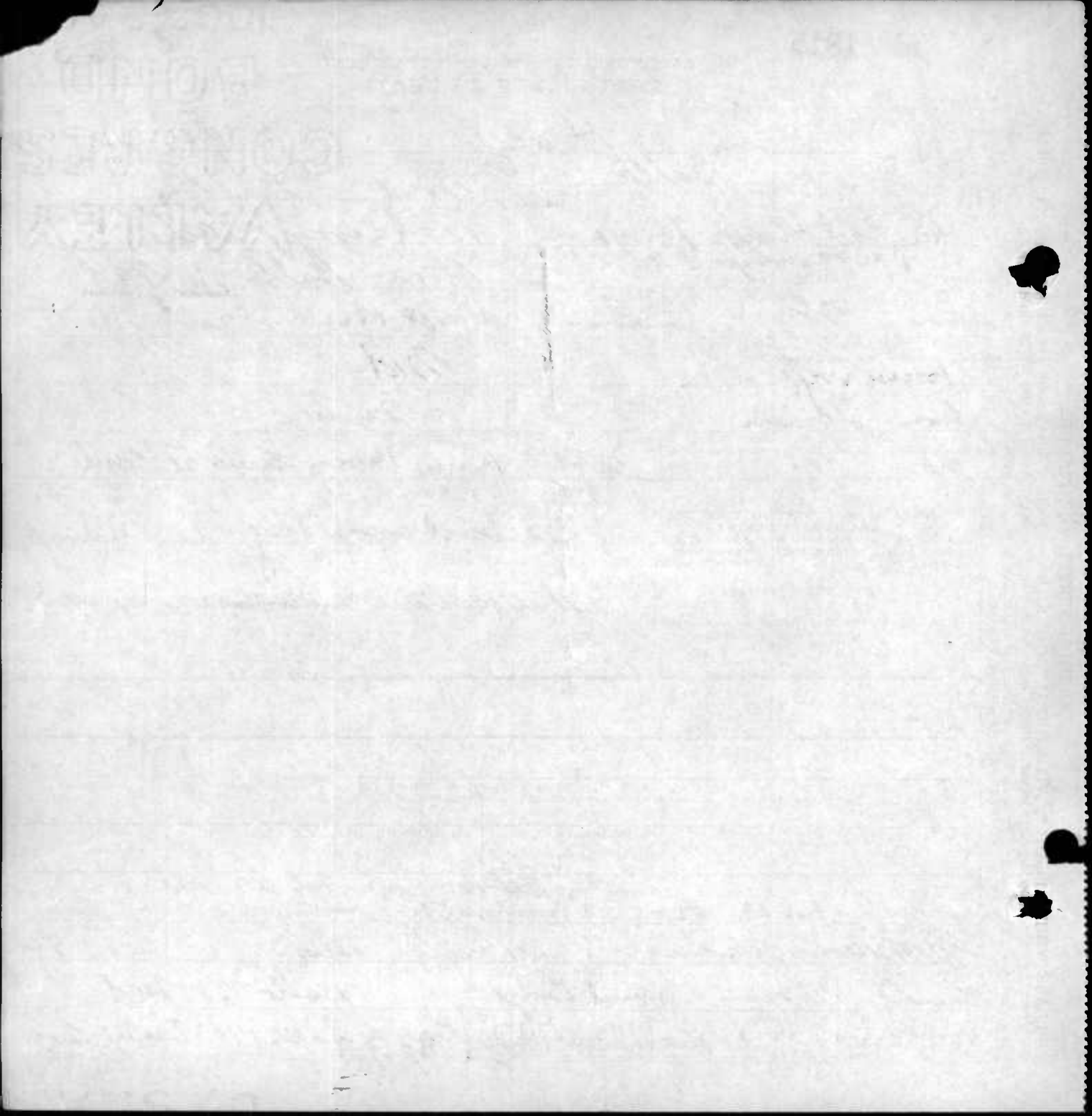
Harry Hoey 1407 Eastern Ave

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1816
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie Lauchheimer Schloss

2. DATE
OF
DEATH

Feb.: 23: 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY

Arlington, Apt Park Height Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)

6701
Park Height Ave

C. CITY OR TOWN

Balto City

D. STREET ADDRESS (If rural, give location)

Park Height Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 29 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months Days Hours Min.

8 25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S

13. FATHER'S NAME

Meyer Lauchheimer

14. MOTHER'S MAIDEN NAME

Babette ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Howard Schloss Arlington Apt

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Pulmonary Edema

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Dis.

DUE TO

10 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Anemia, cause undetermined
C. Spleenomegaly

7 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1950, to Feb 23, 1952, that I last saw the deceased alive on Feb 23, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Cohen

M. D.

23B. ADDRESS

Arlington PK Apt 2A

23C. DATE SIGNED

2/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25: 1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew Cemetery

24D. LOCATION (City, town, or county)

Belair Rd Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

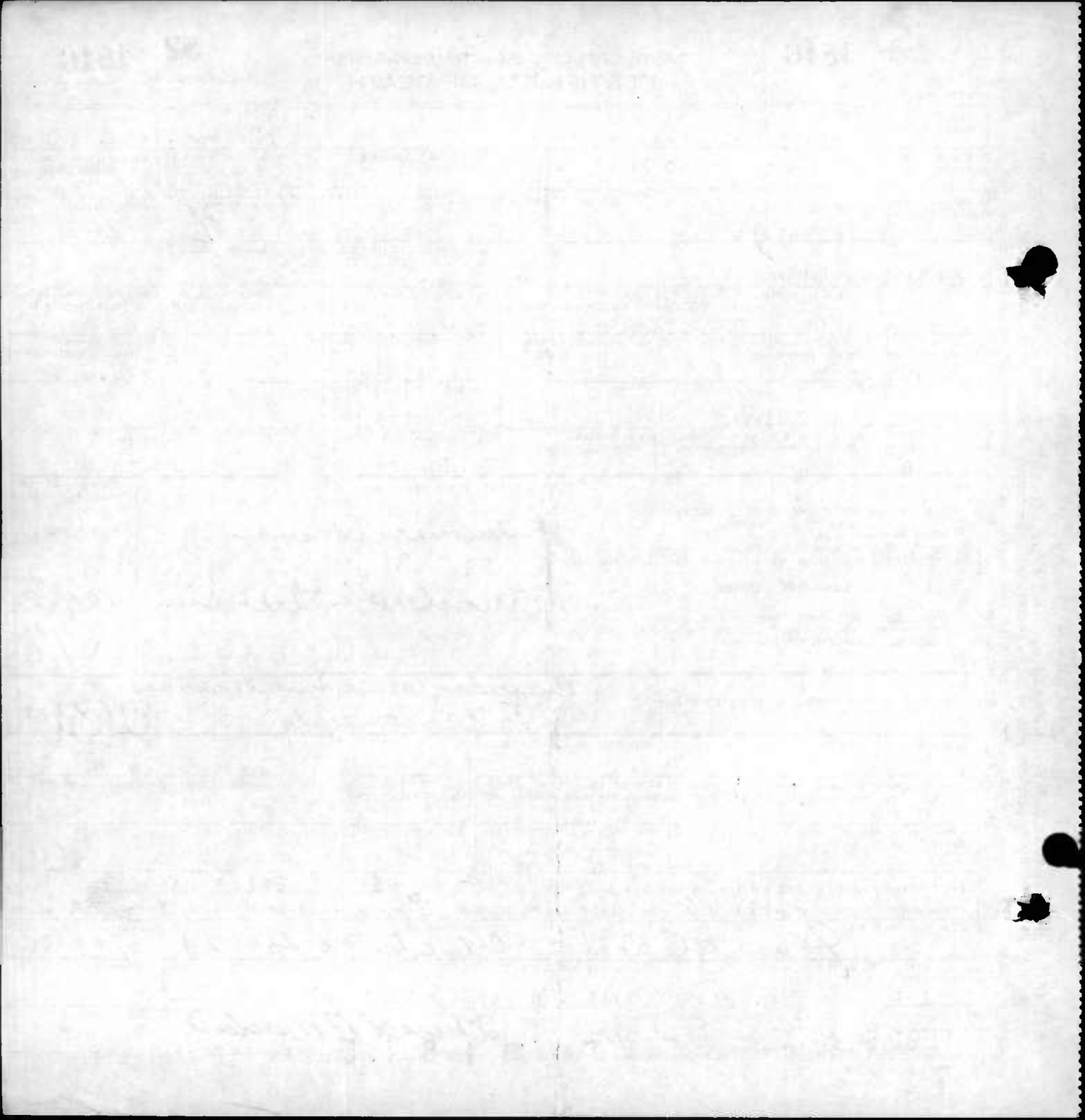
ADDRESS

FEB 25 1952

Huntington Williams, Md

David R Martin

David R. Martin 1902; Butaw Place



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Subject to Approval By Medical Examiner
 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
 Registered No. *58-1817*

BIRTH NO. *48-00157* *Robinson*

1. NAME OF DECEASED (Type or Print) *REX I MARTIN*

2. DATE OF DEATH *2/22/52*

3. PLACE OF DEATH:
 A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE *MD.*
 B. COUNTY *15-09*

5. FULL NAME OF HOSPITAL OR INSTITUTION *LUTHERAN Hosp of MD.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALT.

7. STREET ADDRESS (If rural, give location)
4020 Duval Ave H16

8. Length of stay in Baltimore

9. SEX *M*

10. COLOR OR RACE *W*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

12. DATE OF BIRTH
Jan. 5, 1948

13. AGE (in years last birthday) *4*

14. If Under 1 Year: Months: Days

15. If Under 24 Hours: Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

17. KIND OF BUSINESS OR INDUSTRY
none

18. BIRTHPLACE (State or foreign country)
Maryland

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME
CARL K. MARTIN

21. MOTHER'S MAIDEN NAME
Gilda McClung

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

23. SOCIAL SECURITY NO.

24. INFORMANT
Mr. Carl K. Martin - 4020 Duval Ave.

25. ADDRESS

18. *E916.0*
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
 CAUSE OF DEATH
 (A) *2nd & 3rd Degree Burns*
 DUE TO *75% of body*
 ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
 (B)
 (C)

26. CERTIFICATION APPROVED BY
R. H. Fisher M.D.
 CHIEF OR ASST. MEDICAL EXAMINER.

27. INTERVAL BETWEEN ONSET AND DEATH
8 hours

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. DATE OF OPERATION *0*

30. MAJOR FINDINGS OF OPERATION

31. AUTOPSY?
 YES ☐ NO ☐

32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
HOME

34. WHERE DID INJURY OCCUR?
4020 Duval Ave

35. TIME (Month) (Day) (Year) (Hour) OF INJURY
Feb. 22/52 8 am

36. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

37. HOW DID INJURY OCCUR?
from gas log fireplace
CLOTHING CAUGHT ON FIRE

38. I hereby certify that I attended the deceased from *8:25 AM 2/22, 1952*, to *2/22, 1952*, that I last saw the deceased alive on *2/22, 1952*, and that death occurred at *4:15 p.m.*, from the causes and on the date stated above.

39. SIGNATURE
W. G. Emerson M.D.

40. ADDRESS
LUTHERAN Hosp. of MD.

41. DATE SIGNED
2/22/52

42. BURIAL, CREMATION, REMOVAL (Specify)
Burial

43. DATE
2/25/52

44. NAME OF CEMETERY OR CREMATORY
Woodlawn Cem.

45. LOCATION (City, town, or county) (State)
Woodlawn, Md.

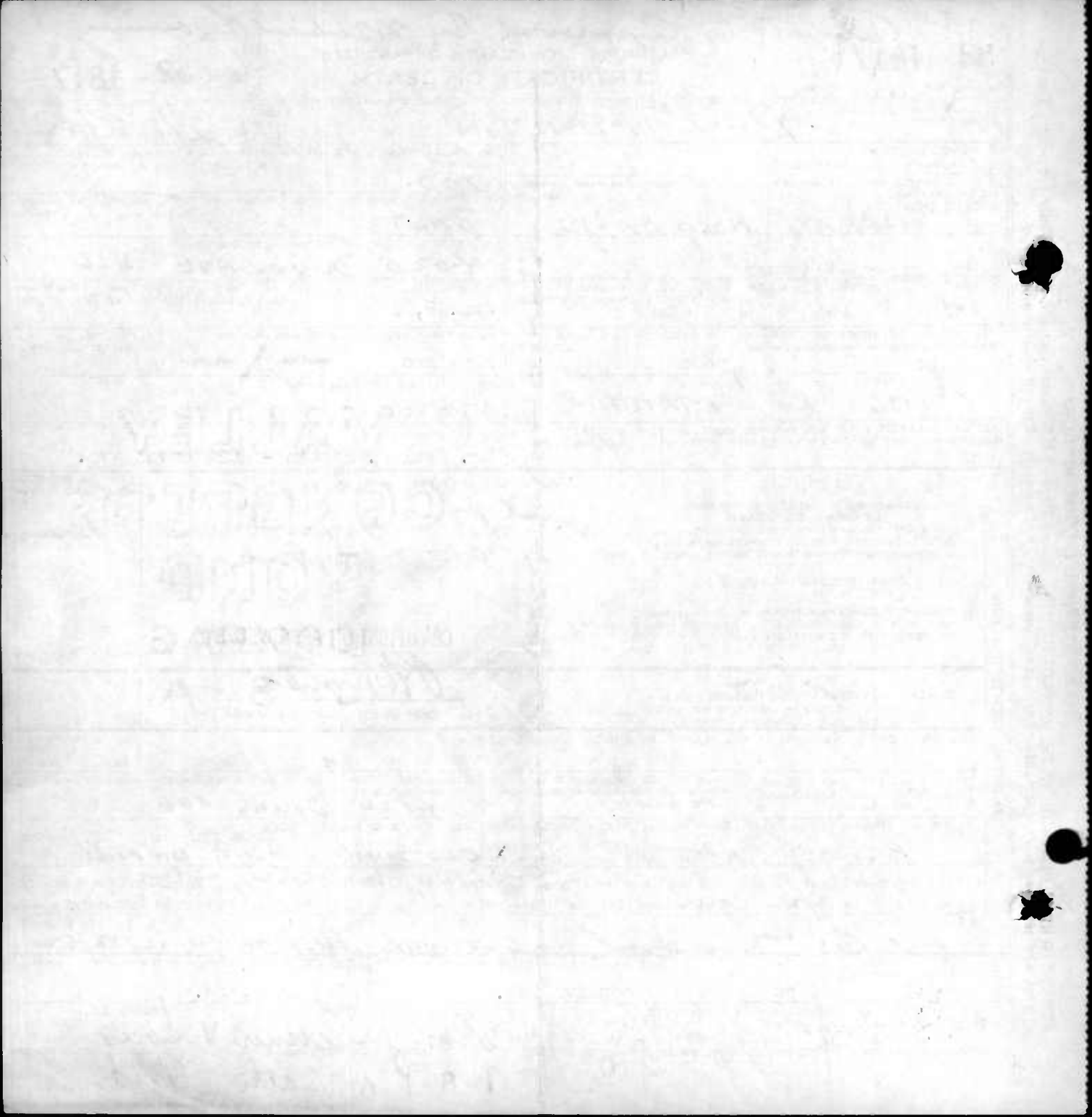
46. DATE RECEIVED BY LOCAL REGISTRAR
FEB 25 1952

47. REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

48. FUNERAL DIRECTOR'S SIGNATURE
Wm. J. Tichener & Sons

49. ADDRESS
Balto, Md.

VS 150
N-948.2
520001816
181



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1818

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Green

2. DATE
OF
DEATH

Feb. 21, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2123 Clifton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-04

C. Length of stay in Baltimore

40 yrs.

D. STREET ADDRESS (If rural, give location)

2123 Clifton Ave.

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 15, 1893

9. AGE (In years last birthday)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foster

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Elec. Co.

11. BIRTHPLACE (State or foreign country)

Annapolis, Md. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Green

14. MOTHER'S MAIDEN NAME

Mary Fizzie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Roe Green Clifton Ave.

ADDRESS

18.

420.1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Thrombosis Feb 15 1952

DUE TO

Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Myocardial Infarction

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1952 to Feb. 21, 1952, that I last saw the deceased alive on Feb. 20, 1952, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Hume

M. O.

23B. ADDRESS

3426 Baulk h

23C. DATE SIGNED

Feb 23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb. 25, 1952

Arbutus

Baltimore Co., Md.

Huntington Williams, Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams, Md.

Hallway Funeral Home

5.31 82

CH 100 50

SA 100 50

100 50



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Georgia Cynthia Lawrence Chambliss*

2. DATE OF DEATH *Feb. 21, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5315 Denmore Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-10

O. STREET ADDRESS (If rural, give location)

5315 Denmore Ave.

C. Length of stay in Baltimore

47 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 24, 1901

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

New York, N.Y.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Lawrence

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT *Robert Ira Chambliss*

5315 Denmore Ave.

18.

170x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Generalized Metastatic*

QUE TO *Carcinomatosis*

(B) *Carcinoma of Breast*

QUE TO

(C) _____

INTERVAL BETWEEN ONSET AND DEATH

About

1 year

1 year

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1950* to *2/21*, 1952 that I last saw the deceased alive on *2/19*, 1952 and that death occurred at *12:45* m., from the causes and on the date stated above.

23A. SIGNATURE

Julius C. Gluck, M.D.

M. O.

23B. ADDRESS

5356 Belknap St. Md

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Baltimore Co. Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

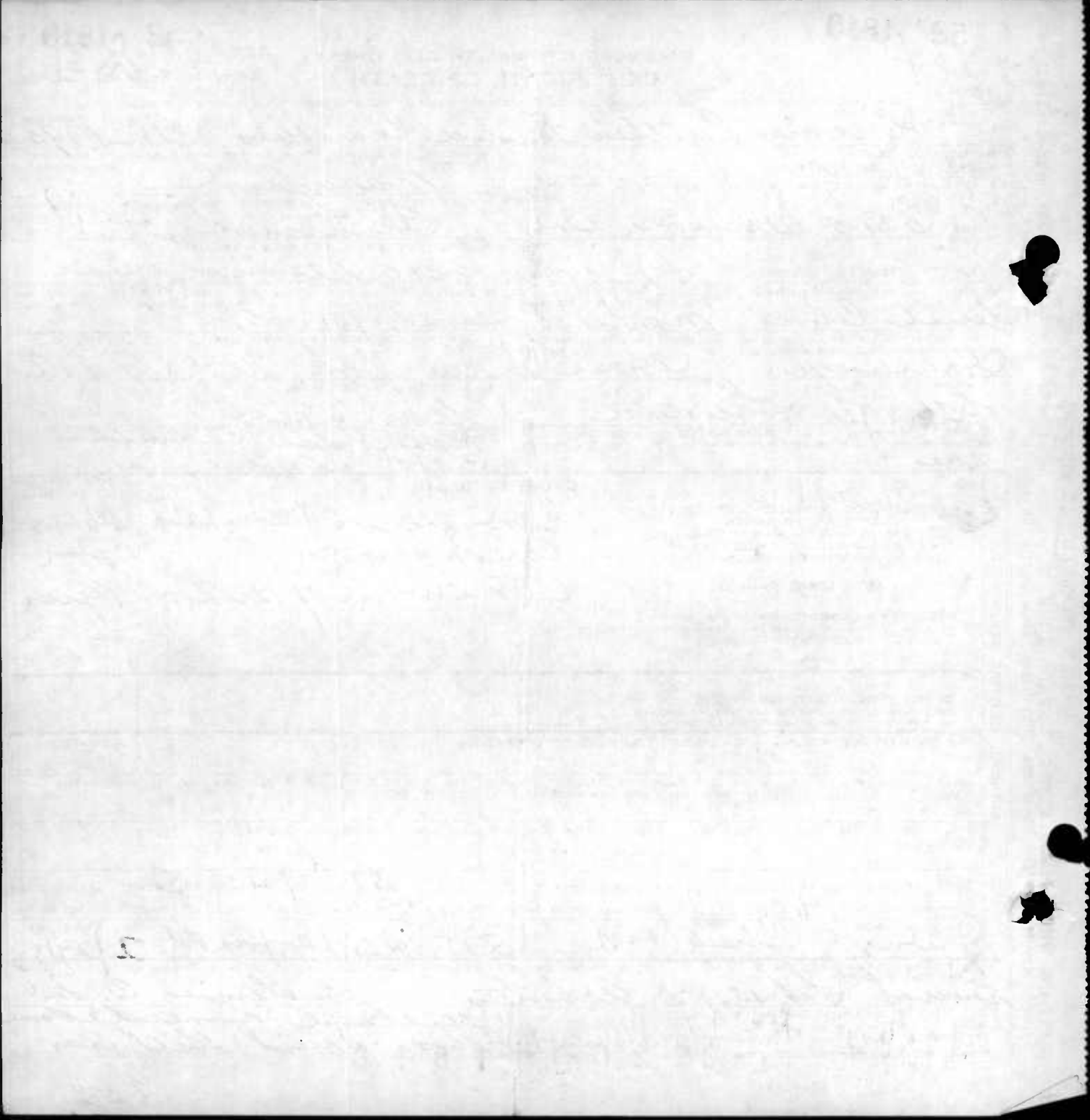
Funeral Home

VS 150

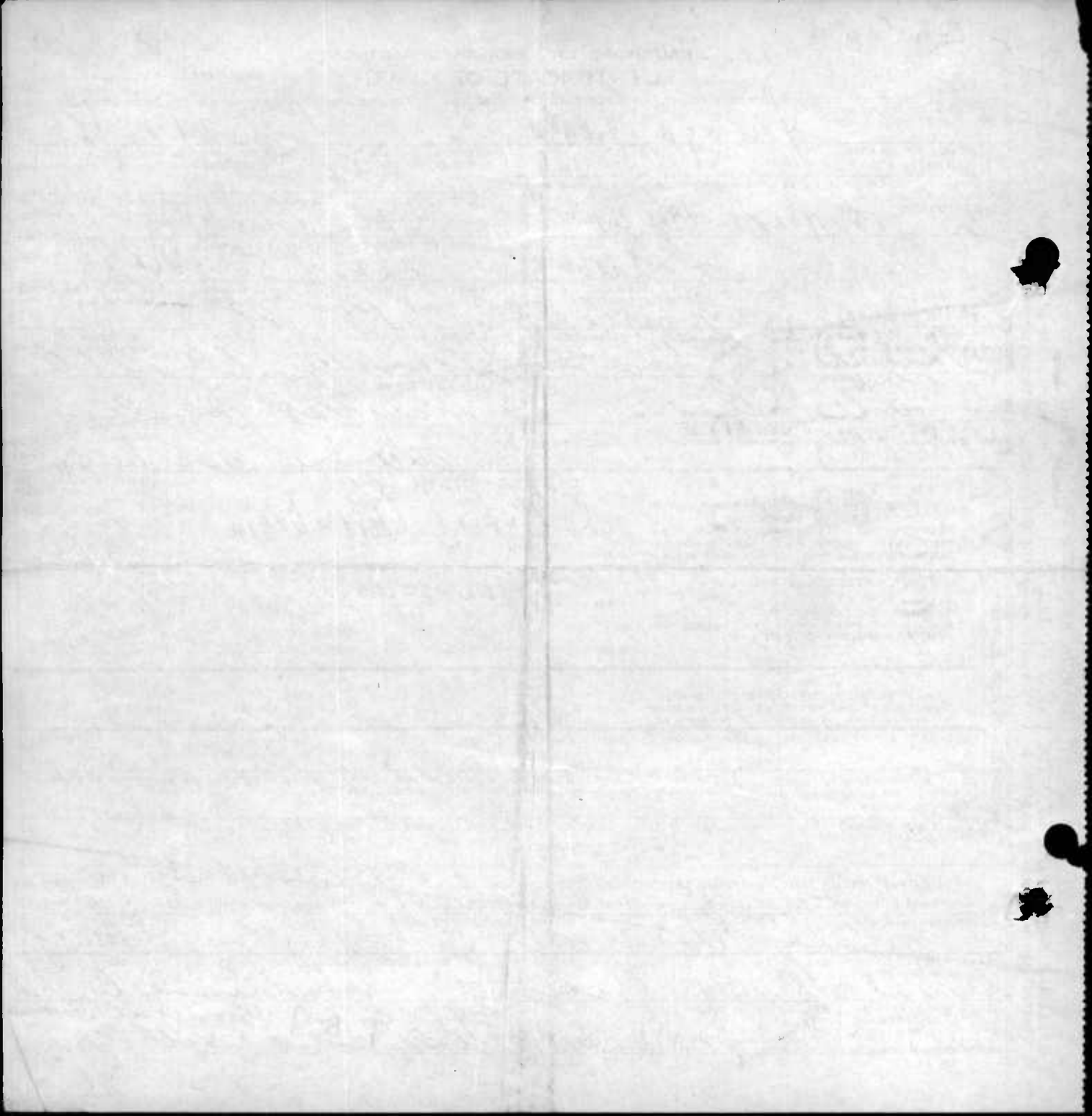
50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly & briefly.



8313



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

U.S. 153 2-25-52

52 1821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1821

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alton Donaldson

2. DATE
OF
DEATH

2-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD

COUNTY

P.G.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

38 Md University

C. CITY OR TOWN

Laurel

(If outside corporate limits, write RURAL, and give township)

C. Length of stay in Baltimore

4 weeks

D. STREET ADDRESS (If rural, give location)

GORDON AVE.

6637

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Navy Yard

11. BIRTHPLACE (State or foreign country)

Laurel, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Calvin Donaldson

14. MOTHER'S MAIDEN NAME

Buffington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

A. Roy Donaldson Laurel, Md

ADDRESS

18.

155X

CAUSE OF DEATH:

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cholangio carcinoma
DUE TO
with metastasis

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute - Plural Effusion, pleurothoracic banding

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-24-52, 19, to 2-25-52, 19, that I last saw the deceased alive on 2-25-52, 19, and that death occurred at 5:38 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph B. Brimmer M.D.

23B. ADDRESS

Chesapeake Hospital

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 27-1952

24C. NAME OF CEMETERY OR CREMATORY

Ivy Hill Cemtry

24D. LOCATION (City, town, or county)

Laurel, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

F 652 52 1822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1822
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Anna Lavery French</i>		2. DATE OF DEATH <i>2/23/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1024 Valley St. #13</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Aug. 10, 1869</i>	9. AGE (in years last birthday) <i>82</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Work at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
13. FATHER'S NAME <i>James J. Lavery</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT ADDRESS <i>Mr. Thomas J. French 1024 Valley St.</i>	

18. <i>570.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	CAUSE OF DEATH <i>Probable Metastatic Phorbosis</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Intestinal Obstruction?</i> DUE TO	
	(C) <i>ASCVD</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

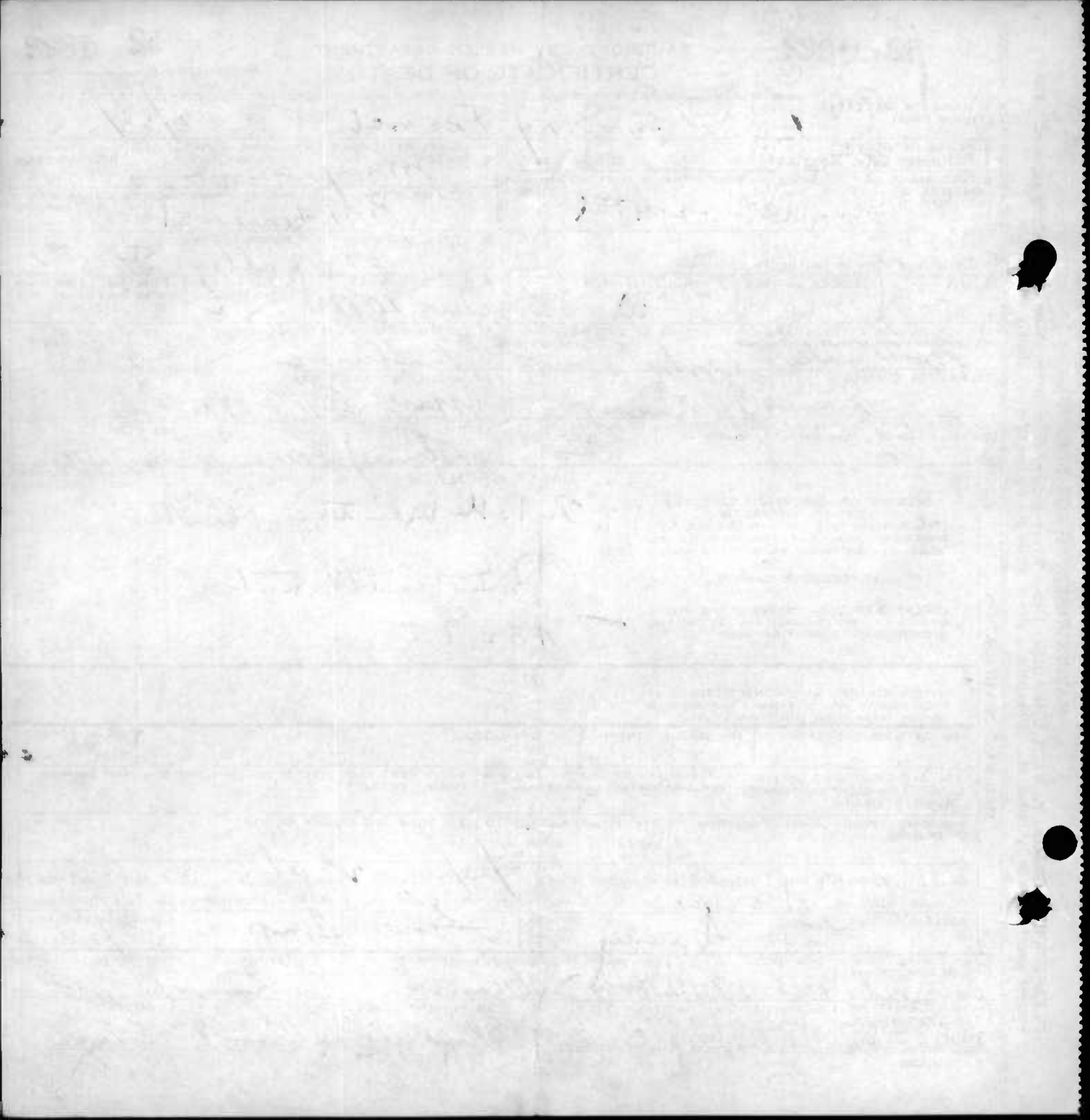
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/23/52</i> , 19 <i>52</i> to <i>2/23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2/3</i> , 19 <i>52</i> , and that death occurred at <i>10 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leon Danner</i>		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>2/23/52</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb. 27, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 25 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>W. Conklin</i>		ADDRESS <i>924 E. Eager St</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



5-562 52 1823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1823
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Frances Summers*2. DATE
OF
DEATH*2/23/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*715 N. Payson St*

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

715 N. Payson St

c. Length of stay in Baltimore

35 yrs

5. SEX

F

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W*

8. DATE OF BIRTH

*Mar. 12-1890*9. AGE (in years;
last birthday)*61*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housework*10B. KIND OF BUSINESS OR
INDUSTRY*At home*

11. BIRTHPLACE (State or foreign country)

*Helena S.C.*12. CITIZEN OF
WHAT COUNTRY?*U. S.*

13. FATHER'S NAME

Drew Williams

14. MOTHER'S MAIDEN NAME

*Rosalie Williams*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Chasetta Brogden - 715 Payson*18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral accident**11 days*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive cardio-vascular
disease*

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-27*, 19*43*, to *2-23*, 19*52*, that I last saw the
deceased alive on *2-22*, 19*52*, and that death occurred at *9:45 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

C. R. Campbell

M. D.

23B. ADDRESS

718 Doepshin St

23C. DATE SIGNED

*2-23-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-26-52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Balto.

(State)

*Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan, Jr

FEB 25 1952

VS 150

1011 N. Arlington Ave 937

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CONFIDENTIAL

P- 41252 1824

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1824

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Oakie PHILLIPS		2. DATE OF DEATH Feb. 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission) A. STATE md B. COUNTY 25-43			
B. FULL NAME OF HOSPITAL OR INSTITUTION S. Balt San. Hosp		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto			
c. Length of stay in Baltimore 12		D. STREET ADDRESS (If rural, give location) 2810 Maish St			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 23, 1897	9. AGE (in years last birthday) 54yo	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (State or foreign country) Tennessee	
13. FATHER'S NAME Don't know		14. MOTHER'S MAIDEN NAME Don't know		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Coronary artery sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO			
(C) _____ DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunleavy, M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 27, 1952		24C. NAME OF CEMETERY OR CREMATORY Bider Hall	
24D. LOCATION (City, town, or county) A. A. Co		24E. (State) md			
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		REGISTRAR'S SIGNATURE H. H. 955/121-9-10		25. FUNERAL DIRECTOR ADDRESS 1402 S. Charles	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

94a

1881 56

STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF DEWY

1881 56

1881 56

1881 56

1881 56



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

P-636 1825

CERTIFICATE CORRECTED 3/6/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1825
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Georgeanna Parker		2. DATE OF DEATH Feb 21, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2418 Penna. Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2418 Penna. Ave.			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 5, 1900	9. AGE (in years last birthday) 51	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Frank Peal		14. MOTHER'S MAIDEN NAME Alice Green	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Theodore Parker 2202 W. North Ave.	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Virus Infection		CAUSE OF DEATH (A) Acute Virus Infection DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 or 4 wks.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Diabetes DUE TO (C) Hypertensive Cardiac disease		Chronic bronchial asthma, unhygienic conditions			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 16-1951 , to Feb 20-1952 , that I last saw the deceased alive on 19 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE F. N. Cardoso		M. D.		23B. ADDRESS 1524 Druid Hill Rd (12)	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/25/51	
24C. NAME OF CEMETERY OR CREMATORY Arboretum		24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Geo. G. Kelson 1303 Presstman St.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		REGISTRAR'S SIGNATURE Huntington Williams		VS 150	

VS 150

Geo. G. Kelson 61

See Document File 52-1825

3/6/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1826

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mollie Maconachie

2. DATE
OF
DEATH

2-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 1

D. STREET ADDRESS (If rural, give location)

805 N. Charles St.

c. Length of stay in Baltimore

85 Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, ~~(WIDOWED)~~ DIVORCED (Specify)

8. DATE OF BIRTH

1867

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Drenner

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Patient

ADDRESS

18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive cardiovascular disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic bronchitis*

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-8*, 19*52*, to *2-25*, 19*52* that I last saw the deceased alive on *2-25*, 19*52*, and that death occurred at *4:30* Am., from the causes and on the date stated above.

23A. SIGNATURE

R. K. Skipton

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2-28-52

24C. NAME OF CEMETERY OR CREMATORY

Elkton

24D. LOCATION (City, town, or county)

Elkton, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

VS 150

520

778 B. Mitchell

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

1911

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of informant

10. Signature of witness

11. Signature of undertaker

12. Signature of funeral home

13. Signature of cemetery

14. Signature of church

15. Signature of family

16. Signature of friends

17. Signature of neighbors

18. Signature of community

19. Signature of society

20. Signature of association

21. Signature of organization

22. Signature of institution

23. Signature of corporation

24. Signature of partnership

25. Signature of individual

26. Signature of entity

27. Signature of person

28. Signature of being

29. Signature of thing

30. Signature of object

31. Signature of matter

32. Signature of substance

33. Signature of material

34. Signature of matter

35. Signature of thing

36. Signature of object

37. Signature of matter

38. Signature of substance

39. Signature of material

40. Signature of matter

41. Signature of thing

42. Signature of object

43. Signature of matter

44. Signature of substance

45. Signature of material

46. Signature of matter

47. Signature of thing

48. Signature of object

49. Signature of matter

50. Signature of substance

51. Signature of material

52. Signature of matter

53. Signature of thing

54. Signature of object

55. Signature of matter

56. Signature of substance

57. Signature of material

58. Signature of matter

59. Signature of thing

60. Signature of object

61. Signature of matter

62. Signature of substance

63. Signature of material

64. Signature of matter

65. Signature of thing

66. Signature of object

67. Signature of matter

68. Signature of substance

69. Signature of material

70. Signature of matter

71. Signature of thing

72. Signature of object

73. Signature of matter

74. Signature of substance

75. Signature of material

76. Signature of matter

77. Signature of thing

78. Signature of object

79. Signature of matter

80. Signature of substance

81. Signature of material

82. Signature of matter

83. Signature of thing

84. Signature of object

85. Signature of matter

86. Signature of substance

87. Signature of material

88. Signature of matter

89. Signature of thing

90. Signature of object

91. Signature of matter

92. Signature of substance

93. Signature of material

94. Signature of matter

95. Signature of thing

96. Signature of object

97. Signature of matter

98. Signature of substance

99. Signature of material

100. Signature of matter

9 Charles Place
MARGIN RESERVED FOR BINDING Dr. Earl L. Chambers
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Golden Vance

2. DATE
OF
DEATH

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1528 Waverly Way

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

none

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Loch Raven Apts., 1528 Waverly Way - 12

c. Length of stay in Baltimore

42 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7 - 23 - 78

9. AGE (In years
last birthday)

73

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sales Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

retired MACHINES

11. BIRTHPLACE (State or foreign country)

Madison, Indiana

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Edward Alexander Vance

14. MOTHER'S MAIDEN NAME

Agnes G. Golden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel K. Vance - 1528 Waverly Way - 12

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

- Broncho - pneumonia

12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio Sclerotic Heart
Disease

5 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

- Paralysis Agitans

4 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Feb. 22, 1952, that I last saw the deceased alive on Feb. 22, 1952 and that death occurred at 4:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Heights Ave.

23C. DATE SIGNED

2 - 23 - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2 - 25 - 52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

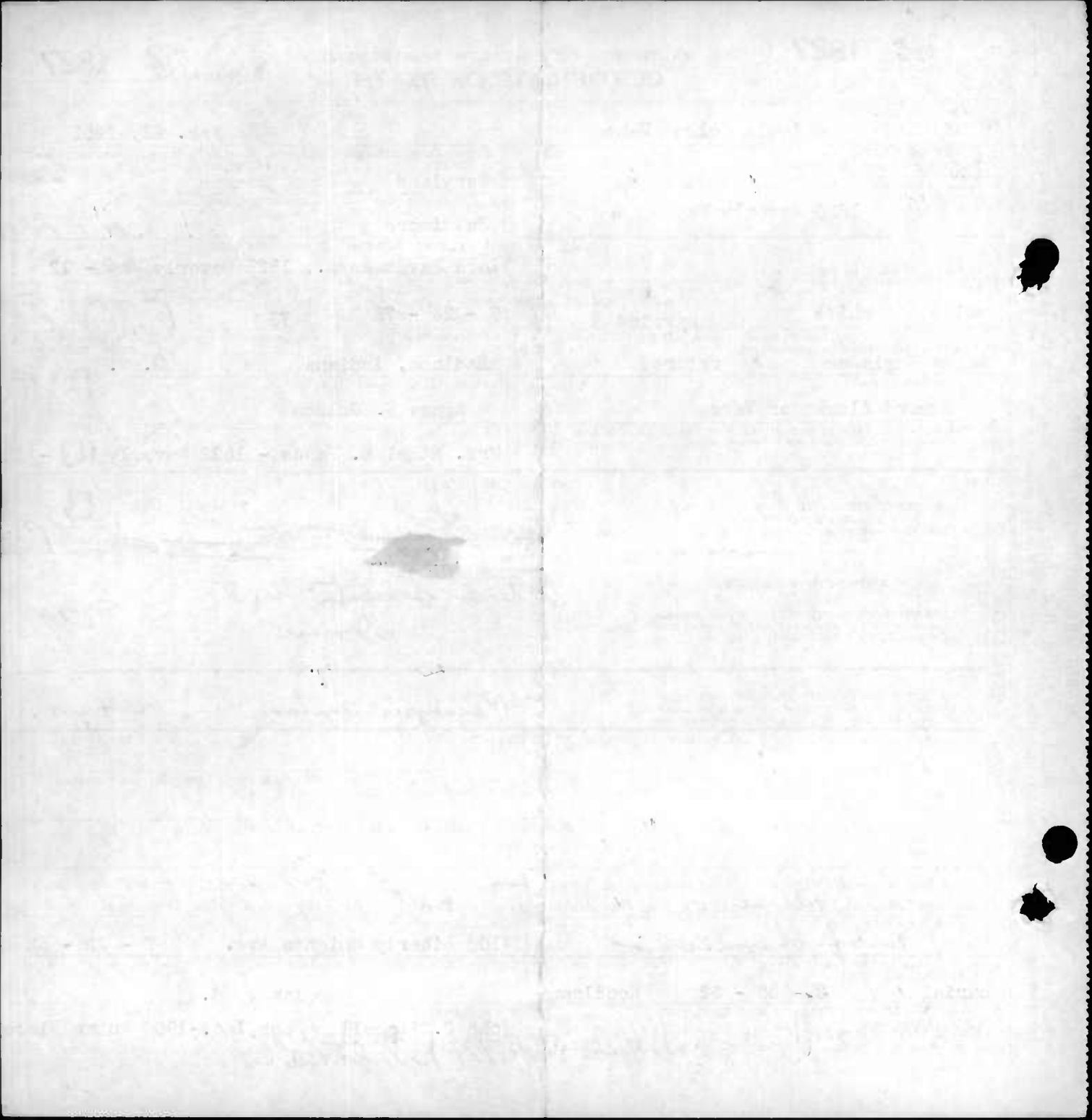
John O. Mitchell & Sons Inc. - 1900 Eutaw Place

ADDRESS

VS 150

0493L

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

B 640
52 1828

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

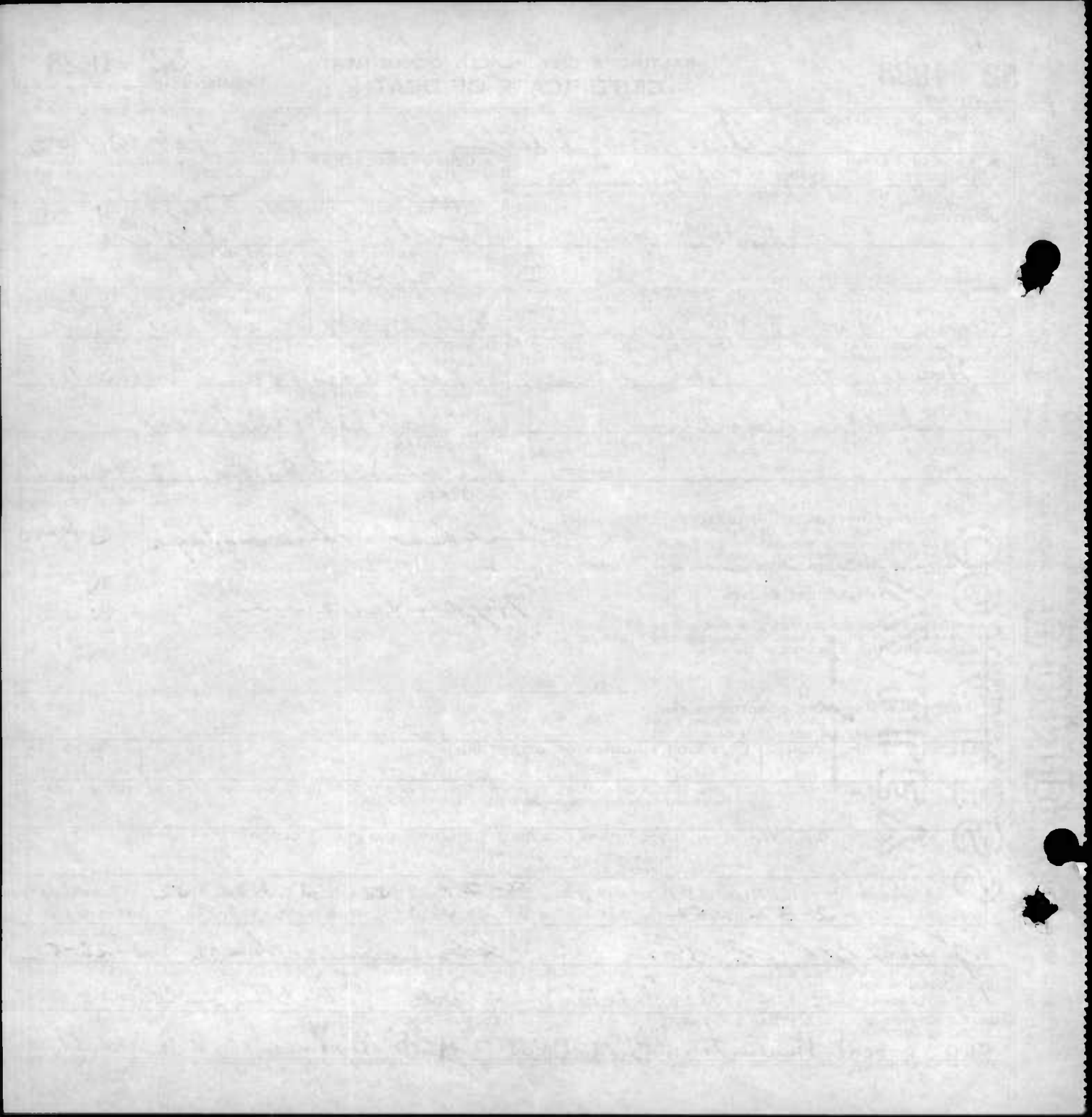
52 1828
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Lillie B. Burley</i>			2. DATE OF DEATH <i>Feb. 23, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1514 Harrison St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>3rd</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>39 Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 15-01</i>					
C. Length of stay in Baltimore <i>25</i>			D. STREET ADDRESS (If rural, give location) <i>614 Gold Street</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Mar. 15, 1900</i>	9. AGE (In years last birthday) <i>51</i>	If Under 1 Year Months: <i>11</i> Days: <i>8</i>		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>			11. BIRTHPLACE (State or foreign country) <i>Petersburg, Va.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			13. FATHER'S NAME <i>Stephen Goodwin</i>			14. MOTHER'S MAIDEN NAME <i>Mattie Anderson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Bessie Scott, Sister, 1631 Penn. Av.</i>		

18. <i>331X</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <i>Cerebral Hemorrhage</i>					
DUE TO			(B) <i>Hyperkalemia</i>					
DUE TO			(C)					
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
<p>22. I hereby certify that I attended the deceased from <i>2-21</i>, 1952, to <i>2-22</i>, 1952 that I last saw the deceased alive on <i>2-22</i>, 1952 and that death occurred at <i>4:30 P.M.</i>, from the causes and on the date stated above.</p>								
23A. SIGNATURE <i>Luchan A. Ford</i>			23B. ADDRESS <i>Princeton Hosp.</i>			23C. DATE SIGNED <i>2-23-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Feb. 27, 1952</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>		
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>			24E. FUNERAL DIRECTOR <i>John H. Jones</i>			24F. ADDRESS <i>1700 David Hill Av</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 25 1952</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			VS 150		

83a

MARGIN RESERVED FOR BINDING



Hemsley
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1829

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Hemsley

2. DATE
OF
DEATH

Feb. 24 '52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Prince George's

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

Feb. 20 '52

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nelson Hemsley

14. MOTHER'S MAIDEN NAME

Mary Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

76051
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intracranial hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity, Neonatal atelectasis

life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1952 to Feb. 24, 1952 that I last saw the
deceased alive on Feb. 24, 1952 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ward L. Fane

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

Feb. 26, 1952

FAMILY CEM.

LAUREL, Pr. Geo Co MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams, M.D.

Fleming, Fleming 1426 Leg. Rd. City

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Color	
John Doe		45		Male		White		White	
Date of Death		Place of Death		Cause of Death		Manner of Death		Occupation	
Jan 15 1900		New York City		Heart Disease		Natural		Teacher	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Burial Officer		Signature of Interment Officer	
[Signature]		[Signature]		[Signature]		[Signature]		[Signature]	
Date of Certificate		Place of Certificate		Cause of Certificate		Manner of Certificate		Occupation of Certificate	
Jan 15 1900		New York City		Heart Disease		Natural		Teacher	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1830

BIRTH NO. 52 1830

1. NAME OF DECEASED (Type or Print) MARK C. MIEGEL			2. DATE OF DEATH Feb 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL			C. CITY OR TOWN (If outside corporate limits, write R.R. and wife township) Balto. 12-02		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 3215 N. Calvert St		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8/14/31	9. AGE (In years last birthday) 20	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student & Guard			10B. KIND OF BUSINESS OR INDUSTRY Stonleigh Pool		
11. BIRTHPLACE (State or foreign country) Balto. Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles H. Miegel			14. MOTHER'S MAIDEN NAME Sara E. Meekins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 212-30-9142		
17. INFORMANT Chas. H. Miegel			ADDRESS 3215 N. Calvert St.		

<p>18. E 974 X1</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">CAUSE OF DEATH</p> <p>(A) Asphyxiation due to hanging</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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19A. DATE OF OPERATION 2/26/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3215 N Calvert St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 24, 1952 2A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self by rope in collar.	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dunbar		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb 24, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/52		24C. NAME OF CEMETERY OR CREMATORY Morland Park		24D. LOCATION (City, town, or county) (State) Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W F Roberts		ADDRESS 217 St. Paul St.	

V S 151

N - 991X

164a ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARK T. MEECE

Mark T. Meece

CHURCH OF CHRIST

2210 N. 1st St.

HOME

CHURCH OF CHRIST

CHURCH OF CHRIST

CHURCH OF CHRIST

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1831

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William F. Keating

2. DATE
OF
DEATH

Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5219 Eastern Avenue (24)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Feb. 11, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nicholas (Nichols) F. Keating

14. MOTHER'S MAIDEN NAME

Margaret McNulty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cor Pulmonale

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic emphysema and pulmonary
thrombosis

(C)

10 Yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1951, to 2-23, 1952, that I last saw the
deceased alive on 2-23, 1952, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

D. S. Boyer

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-23-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

St. Vincent's

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

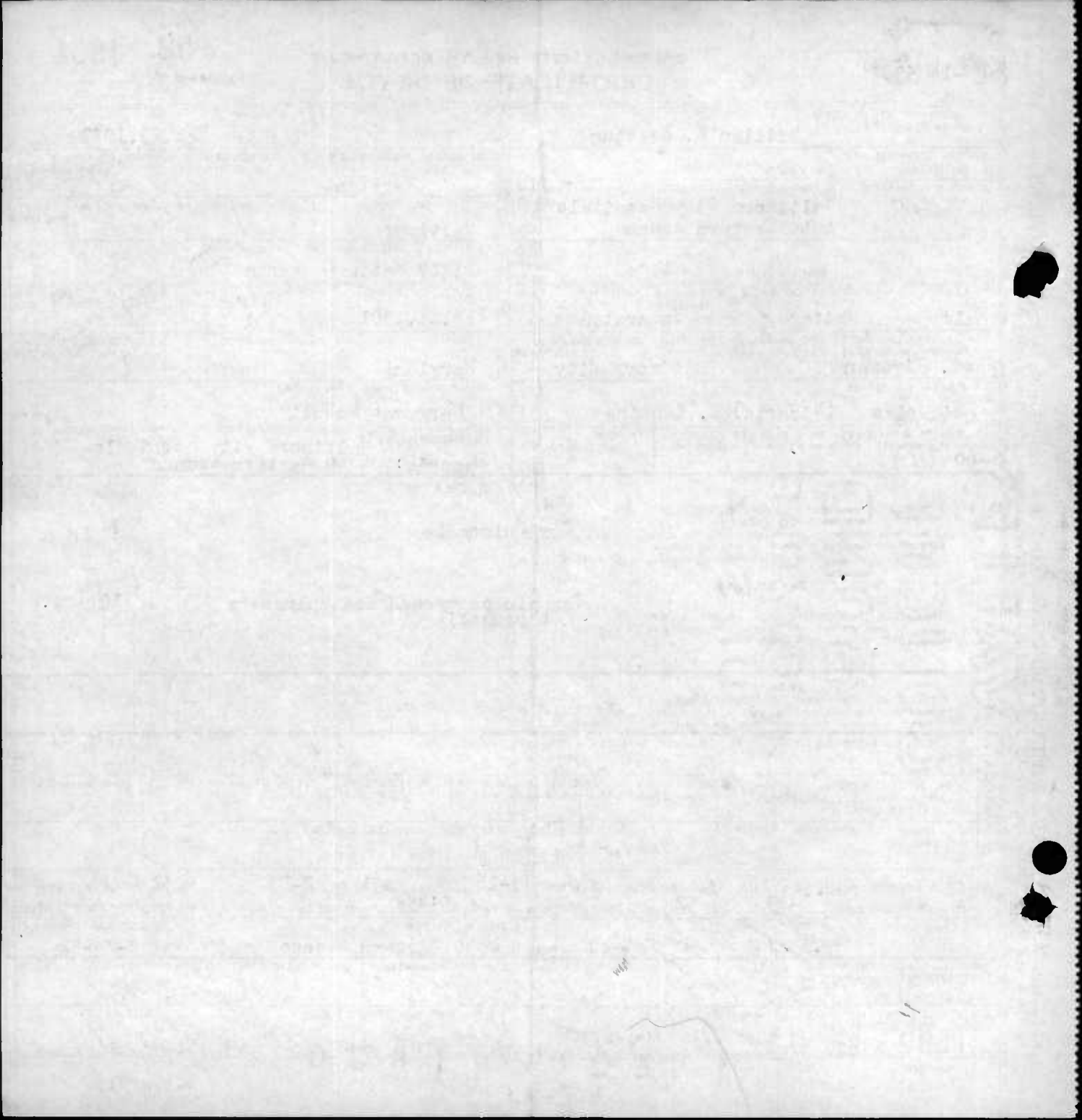
25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington William M. Jr.

1830 217 St. Paul St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1832

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY C. SHAFFER.

2. DATE
OF
DEATH

Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3300 Beech Ave.

C. CITY OR TOWN (If outside corporate limits, write R.U.M.A. and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

3300 Beech Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male.

White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Jan. 26, 1884

9. AGE (In years last birthday)

68

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman Retired

10B. KIND OF BUSINESS OR INDUSTRY

Bakery.

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

212-07-5944

17. INFORMANT

ADDRESS

Carrie Shaffer 3300 Beech Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 days

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1946 to Feb. 23, 1952, that I last saw the deceased alive on Feb 23, 19 52, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Hannibal M. Beck

M. D.

23B. ADDRESS

2818 St Paul St Ba Rd Feb 25-52

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial.

24B. DATE

Feb. 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams, M.D.

Paul E. Chenoweth Jr, 3615-17 Chestnut

San Diego.

2818

St Paul St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 1833

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rachel Cohen

2. DATE
OF
DEATH

Feb 25, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission)

A. STATE

Maryland

B. COUNTY

15-06

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

3135 W North Ave

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

3135 W North Ave

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1888

9. AGE (in years last birthday)

63

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

London

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harris Gold

14. MOTHER'S MAIDEN NAME

Mary Gold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Samuel Lachs 3135 W North Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DISEASE

5 YRS.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from MARCH 5, 1949 to FEB. 25, 1952, that I last saw the deceased alive on FEB. 25, 1952 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL (CREMATION, REMOVAL) (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 26, 1952

Hebrew Friendship Cemetery

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams, Jr.

Sol. Lewinson - Buss.

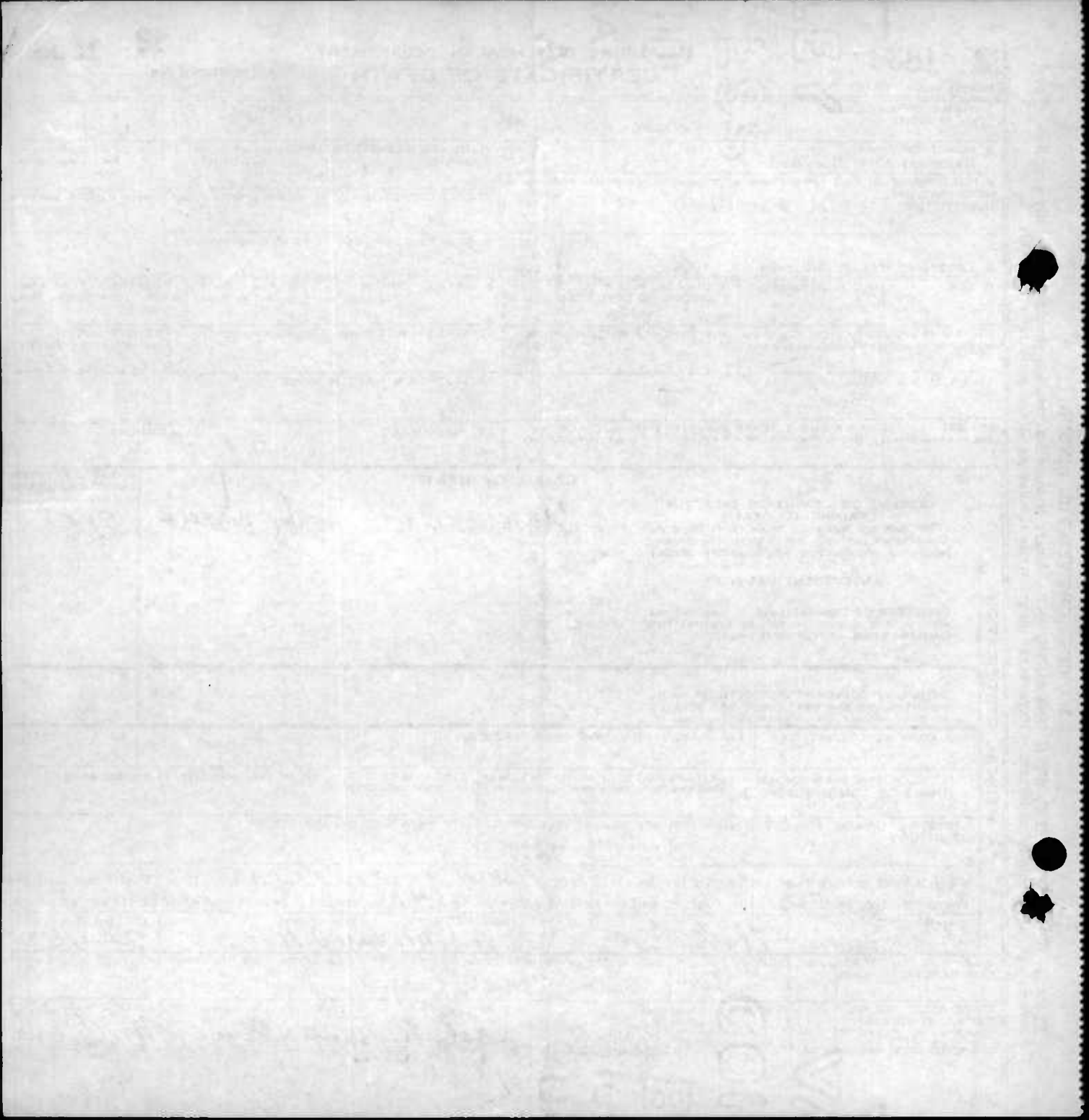
1126 W North Ave

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1834
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAC ROSENBERG

2. DATE
OF
DEATH

2-25-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Md* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Levendale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

C. Length of stay in Baltimore

60 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

Levendale

5. SEX

Male White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

9. AGE (in years last birthday)
80

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moreis

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Hospital records

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary thrombosis*

INTERVAL BETWEEN ONSET AND DEATH

4 hours

ANTECEDENT CAUSES

(B) *arteriosclerosis*

years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-19* to *2-25*, 19*52* that I last saw the deceased alive on *2-25*, 19*52*, and that death occurred at *4:15* a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-26-52

24C. NAME OF CEMETERY OR CREMATORY

Levendale Home

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

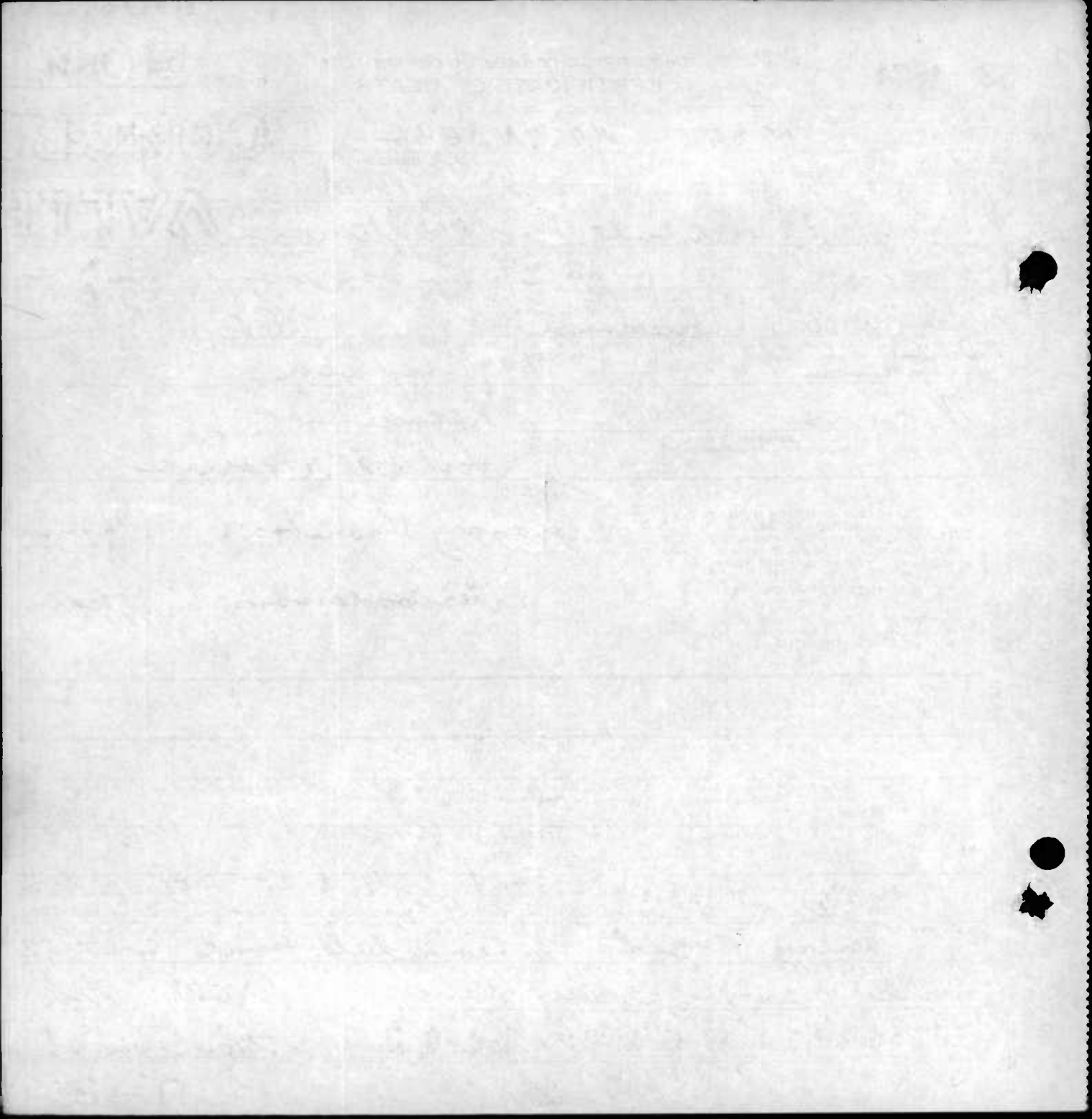
Jack K...

ADDRESS

2100 Cutaw Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1835**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KAZYS J. VANKUNAS			2. DATE OF DEATH 2/23/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 208 S. EUTAW ST.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 22-02		
c. Length of stay in Baltimore 47 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 208 S. EUTAW ST.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1872	9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days: - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR			10b. KIND OF BUSINESS OR INDUSTRY CONT. MFG.		
11. BIRTHPLACE (State or foreign country) LITHUANIA			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME MATHEW VANKUNAS			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 215-01-1115		
17. INFORMANT MARGARET (OWNER) VANKUNAS			ADDRESS 208 S. EUTAW ST.		

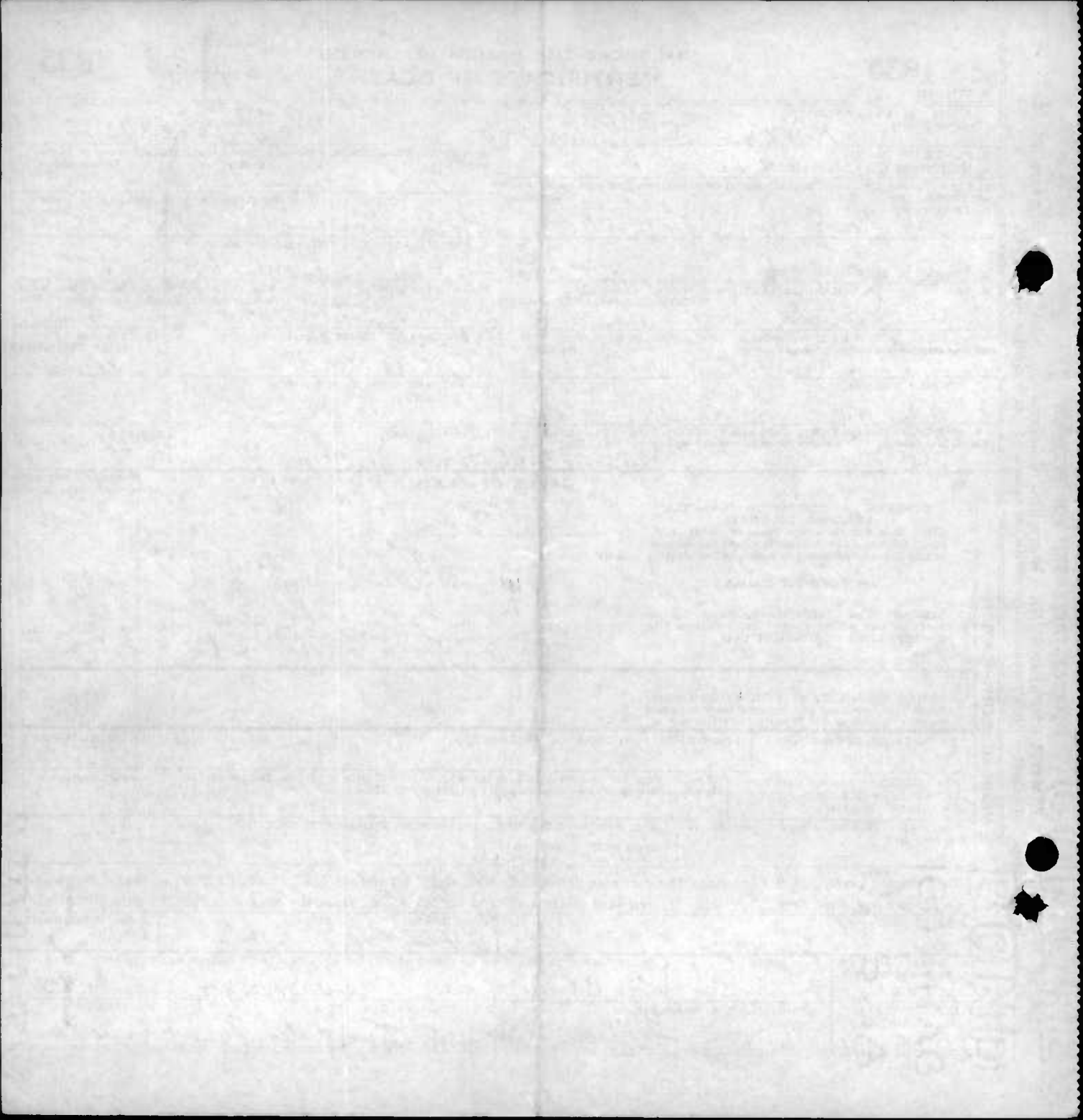
MEDICAL CERTIFICATION	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 442X Thrombia	(A) DUE TO	Interval BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES	(B) DUE TO	2-3 yrs.
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) DUE TO	1-2 yrs +
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. , 19 51 , to 2-23-52 , 19 52 , that I last saw the deceased alive on 2-23-52 , 19 52 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. J. Dwyer M.D.		23b. ADDRESS 642 W. 1st St. D.H.		23c. DATE SIGNED 2-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/26/52		24c. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	
24d. LOCATION (City, town, or county) (State) DUNDALK MD.		25. FUNERAL DIRECTOR Huntington Williams, M. J. P. & Sons, 708 N. E. St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		VS 150			

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1836

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella V. Annen

2. DATE
OF
DEATH

Feb 24-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2952 Greenmount Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

2952 Greenmount Ave

c. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec 31 1869

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Mottitt

14. MOTHER'S MAIDEN NAME

Wrenn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Bernard Annen 2952 Greenmount Ave

18.

331X1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23 1952 to 2-24 1952, that I last saw the
deceased alive on 2-23 1952, and that death occurred at 5:28 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. J. Jones

M. D.

23B. ADDRESS

17 E. Chase St

23C. DATE SIGNED

2/25/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 26 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1800 E LOMBARD ST

DEATH CERTIFICATE

Dr. F. I. R. H. 11 F. C. H. S. 87

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 1837**

BIRTH NO. **52 1837**

1. NAME OF DECEASED (Type or Print) MARGARET F. DAUGHERTY			2. DATE OF DEATH FEB 24-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland A3			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 6-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LESS Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 212 N. CASTLE ST.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-26-86	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARLE ROMAN		10B. KIND OF BUSINESS OR INDUSTRY EQUITABLE TRUST CO	11. BIRTHPLACE (State or foreign country) BALTIMORE, MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSEPH NUESLEIN			14. MOTHER'S MAIDEN NAME WILHELMINA WEINKAM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 214-14-2040	17. INFORMANT JOHNS HOPKINS HOSPITAL		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMA OF CERVIX (B) DUE TO (C) DUE TO					INTERVAL BETWEEN ONSET AND DEATH 72 hrs. 2-3 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2-24-52		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-24-52 to 2-24-52 , that I last saw the deceased alive on 2-24-52 , and that death occurred at 10:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Richard J. Nowak			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2-25-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE FEB 27 1952	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	24D. LOCATION (City, town, or county) (State) FREDERICK RD MD	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 1800 E LOMBARD ST	

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1838

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Annabel Bailey*2. DATE
OF
DEATH*5-22-52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

833 Bruce St

c. Length of stay in Baltimore

31 yrs.

5. SEX

F.

6. COLOR OR RACE

Ch.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 13, 1912

9. AGE (In years last birthday)

39

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Clyde N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Other

14. MOTHER'S MAIDEN NAME

Lena Noel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Viola Wade - 233 Bruce St

18.

401.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Multiple Pulmonary emboli - Antemortem to right lung -*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Left and right sided heart failure*
(C) *R.N.D. - Pericardial Effusion & Myocardial Infarction*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Pneumonia - Bilateral Effusion Diabetes Mellitus*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-30-51*, to *2-22-52*, that I last saw the deceased alive on *2-22-52*, 19*52*, and that death occurred at *8:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

John B. Brown

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-23-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**Feb. 27/52**Mt. Calvary Cem**A. A. County Co. Md*

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

*Huntington Williams, M.D.**Miss Lett A. Elliott & Daughter*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1839

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

AULL

2. DATE
OF
DEATH

Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

629 S. Grundy Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 7, 1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supervisor

10B. KIND OF BUSINESS OR
INDUSTRY

Gas and Electric Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Aull

14. MOTHER'S MAIDEN NAME

Barbara Roesel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-4837

17. INFORMANT

ADDRESS

Gertrude Aull 629 S. Grundy St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive and arteriosclerotic
DUE TO cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher M.D.23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 23, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27 1952.

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

7401 German Hill Rd. Ba. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

*Huntington Halliwell**Flasher S. Jailer* 901 S. Conkling St.

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

Unit 30

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1840

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Edward Griffin2. DATE
OF
DEATHFeb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1729 Thomas Ave

C. CITY OR TOWN (If outside corporate limits, state rural and give township)

Balto.15-03

D. STREET ADDRESS (If rural, give location)

1729 Thomas Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19, 1905

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

gr

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

Willie Griffin

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Beverah Griffin

ADDRESS

1729 Thomas Ave

18.

490 X 1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Lobar Pneumonia (Right)

INTERVAL BETWEEN ONSET AND DEATH

2/16/52 to2/21/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

none

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

none21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 19 52 to Feb. 16, 19 52, that I last saw the deceased alive on Feb. 16, 19 52, and that death occurred at 11:05 A.M. from the causes and on the date stated above.

23A. SIGNATURE

Evans Bilkes

23B. ADDRESS

601 N. Calhoun St.

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

W. Calvary Cem

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

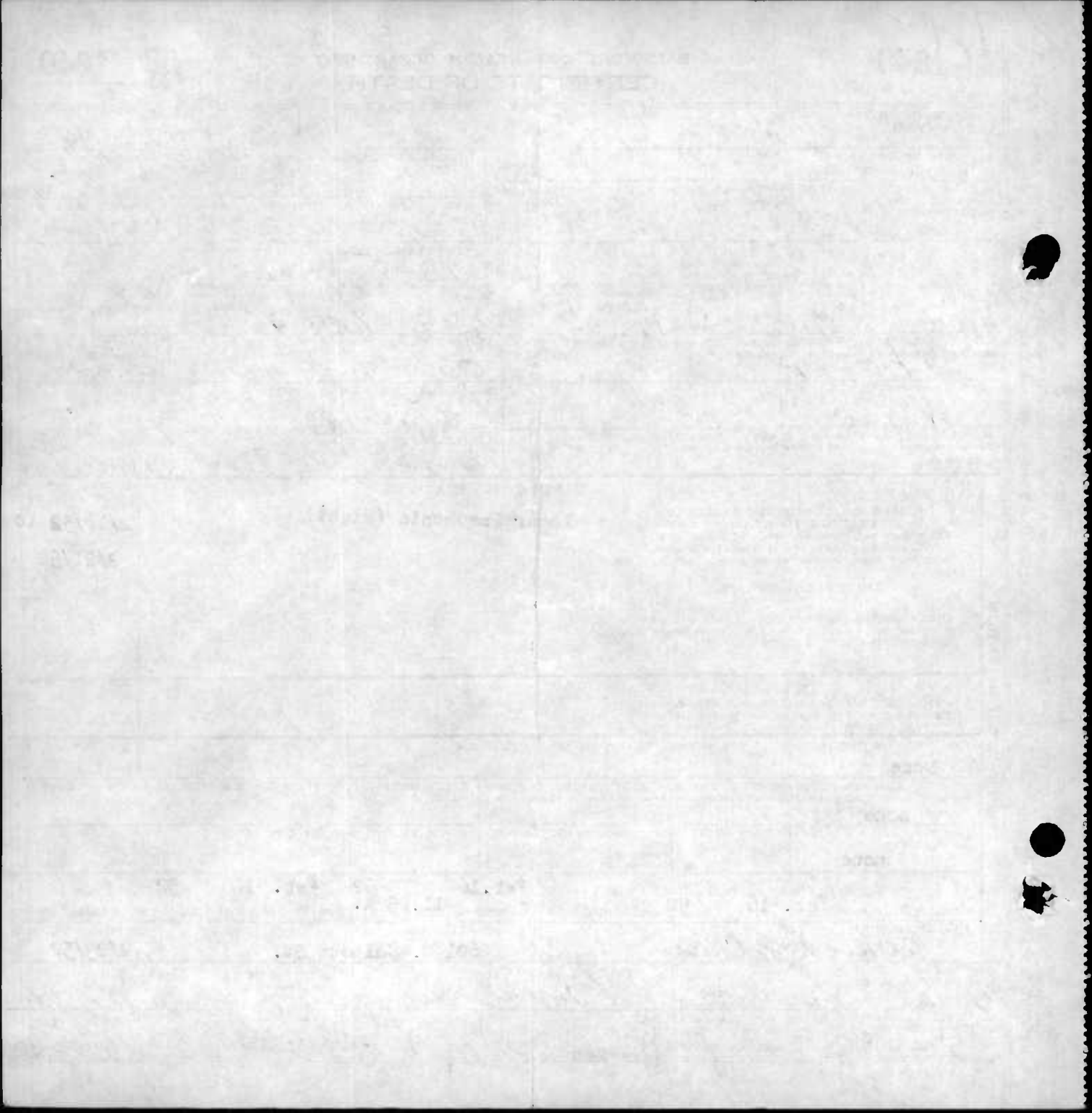
Huntington Williams

25. FUNERAL DIRECTOR

W. R. Williams

ADDRESS

322



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1841

BIRTH NO. 51-17093

1. NAME OF DECEASED
(Type or Print)

Yvonne V. Johnson

2. DATE
OF
DEATH

21 Feb. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Kernan Hosp. for Cripple

Children

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

707 Pine Alley

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

28 July 1951

9. AGE (In years;

last birthday)

If Under 1 Year

Months: Days

6 27

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

William A Johnson

14. MOTHER'S MAIDEN NAME

Esther Skinner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother, 707 Pine Alley

18.

351X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Meningomyelocoele

6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Spina bifida

27 days.

DUE TO

(C)

Terminal Pneumonia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acidosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5, 1952 to 2-21, 1952, that I last saw the deceased alive on 2-21, 1952, and that death occurred at 10:10A.M., from the causes and on the date stated above.

23A. SIGNATURE

John J. Tansley

23B. ADDRESS

Kernan Hospital

23C. DATE SIGNED

2/21/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 20, 1952

Mt Auburn Cem Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams

Mrs Katie P. Williams

Schroeder St

1981

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

WILLIAM K. ...

... ...

... ...

... ...

... ...



M-624
1842BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1842

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ida Sadie Marshall</u>			2. DATE OF DEATH <u>2-21-52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY <u>25</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>2901 Denham Circle</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>25</u>		
c. Length of stay in Baltimore <u>40 years</u>			D. STREET ADDRESS (If rural, give location) <u>2901 Denham Circle</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 24, 1888</u>	9. AGE (In years last birthday) <u>63</u>	10. Under 1 Year Months: <u>6</u> Days: <u>2</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAundress</u>			11. BIRTHPLACE (State or foreign country) <u>King & Queens County, VA.</u>		
13. FATHER'S NAME <u>James Hampton</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no.</u>			16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT <u>Grace Carroll, 2901 Denham Cir.</u>			ADDRESS		

18. <u>211X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia</u> (A) DUE TO	CAUSE OF DEATH <u>Pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Gastric Polyps</u> (B) DUE TO	<u>Gastric Polyps</u>	<u>1 year</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>MA/nutrition & Dehydration</u> (C) DUE TO	<u>MA/nutrition & Dehydration</u>	<u>3 weeks</u>

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Feb. 21, 1952, that I last saw the deceased alive on Feb. 21, 1952, and that death occurred at 3:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Jerry B. Luck</u>	23B. ADDRESS <u>427 Swale Ave</u>	23C. DATE SIGNED <u>2-21-52</u>
--	--------------------------------------	------------------------------------

24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Feb 20, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Wt. Auburn Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md</u>
--	----------------------------------	---	---

DATE RECEIVED BY <u>FEB 25 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Mrs Kate R. Williams</u>	ADDRESS <u>322 N. Schroeder St</u>
--	---	---	---------------------------------------

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W. J. BERRY

CONTRACTS

B. J. BERRY

1012 N. 1st St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1843

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ignatius Lonegro

2. DATE
OF
DEATH

FEB 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2227 EASTERN AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-17-00

9. AGE (in years
last birthday)

51

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fruit Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Self-

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Blaise

14. MOTHER'S MAIDEN NAME

Rosalie Serio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

443 X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Intra Cerebral Hemorrhage 10 hrs

(B)

DUE TO

Probably intra ventricular
Hypertensive Cardiovascular
Disease 10 yrs

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Congestive Heart Failure 2 wks

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24-1951, to 2-24-1951, that I last saw the deceased alive on 2-24-1951, and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Ross

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-28-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

403 S. North St

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1910

REPORT OF THE

COMMISSIONER OF HEALTH

FOR THE YEAR 1909

ALBANY:

1910

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

ALBANY:

1910

PRINTED BY THE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

ALBANY:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 1844

1. NAME OF DECEASED
(Type or Print)

HORACE L. WALKER

2. DATE
OF
DEATH

February 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baldwin

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5 hrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-15-1931

9. AGE (In years
last birthday)

20

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Army

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Horace L. Walker Sr.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

Active

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Aberdeen Proving Ground Hosp. Aberdeen, Md.

18. E816.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bilateral subdural hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Sunnybrook, Maryland

21D. TIME (Month) (Day) (Year) of
INJURY

Feb. 24, 1952 12:00 m.

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in auto which hit trailer

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

FEB. 25, 1952

24C. NAME OF CEMETERY OR CREMATORY

U.S. ARMY HOSPITAL

24D. LOCATION (City, town, or county)

ABERDEEN, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 25 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Pennington & Son

ADDRESS

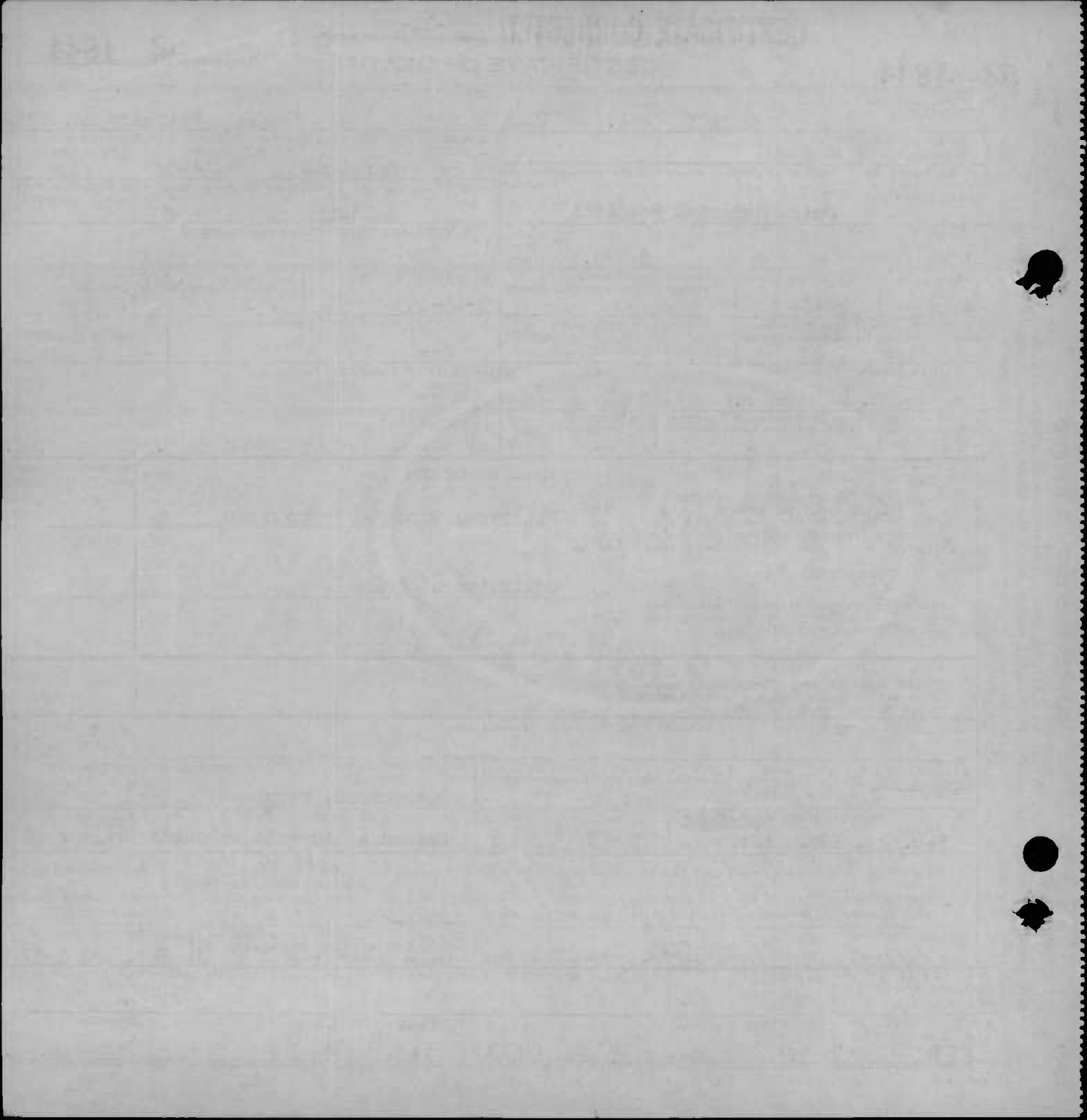
Havre de Grace, Md.

VS 151

IV-853.2

59591

170C



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 1845

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances C. Mettee

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

201 Oakdale Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

201 Oakdale Road

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 23, 1864

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work log life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Henry S. Lawson

14. MOTHER'S MAIDEN NAME

Virginia S. Laudeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M. Howard Mettee, Jr. 4207 Roland Ave.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage*
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

77 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Hypertensive Arteriosclerosis
Cerebral Vascular Disease*
DUE TO

10 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov.*, 19*47* to *Feb 25*, 19*52*, that I last saw the
deceased alive on *Feb. 24*, 19*52*, and that death occurred at *3.50 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Wendland Edward Day

M. D.

23B. ADDRESS

4 E. 33rd St.

23C. DATE SIGNED

2 - 25 - 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2 - 27 - 52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

FEB 25 1952

VS 150

9 5 2 0 0 0

M. B. Mitchell

83a

6-11-50

100-1-1-1

100-1-1-1

WALL

WALL

WALL

WALL

WALL



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1846BIRTH NO. 52 1846

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH <u>Feb. 22, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2811 Hampden Ave.</u>					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>00</u>					
C. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		8. DATE OF BIRTH <u>Mar. 25, 1875</u>	
13. FATHER'S NAME <u>Joseph T. Bowers</u>		16. SOCIAL SECURITY NO. <u>218-22-4405</u>		9. AGE (In years last birthday) <u>76</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		17. INFORMANT <u>Samuel Krotee</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Md.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
				14. MOTHER'S MAIDEN NAME <u>Eliza Palmer</u>	
				ADDRESS <u>2616 Llewelyn Ave.</u>	

18. <u>163X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of the lung</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-17</u> , 19 <u>51</u> , to <u>2-22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-20</u> , 19 <u>52</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Norman Johnson</u>		23B. ADDRESS <u>846 W. 36 St.</u>		23C. DATE SIGNED <u>2-24-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 26, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>	
24D. LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>		24F. LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Home 2008 Orleans St.,</u>	

VS 150

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

212 58



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1847**

1. NAME OF DECEASED (Type or Print) John Mackeat (John Mackert)		2. DATE OF DEATH Feb. 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals location) 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 12, 1914
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 37
13. FATHER'S NAME Edward Mackert		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Louise Tine	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 Yrs.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-7 , 19 48 to 2-22 , 19 52 , that I last saw the deceased alive on 2-22 , 19 52 , and that death occurred at 10:10 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE G.B. Boyer		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 2-23-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/26/52	
24C. NAME OF CEMETERY OR CREMATORY Baldwin		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	
25. FUNERAL DIRECTOR Wilmington Williams, M.D.		ADDRESS Home 2004 Orleans	

1817



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

P-400

ND-156392
BIRTH NO. 1848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1848

1. NAME OF DECEASED (Type or Print) Christine Paul (Christina Paul)			2. DATE OF DEATH Feb. 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1515 Register St. (13)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 5, 1910		9. AGE (In years last birthday) 41
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY RADIO	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Howard Robinson			14. MOTHER'S MAIDEN NAME Martina Robinson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 220-07-5056	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		
18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic glomerulo-nephritis (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 9 Mos.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-7 , 1952 to 2-21 , 1952, that I last saw the deceased alive on 2-21 , 1952, and that death occurred at 9:45 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE G. S. Boyer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-22-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 26-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Heights - Mel -	
DATE RECEIVED BY LOCAL REGISTRAR FEB 25 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Greensboro Funeral Home 4600 Liberty Heights Ave 131B	

100-1234
8-31-18

COOPER

WATLEY

100-1234

8-31-18

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WATLEY

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WATLEY

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8-31-18

COOPER

52 1849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1849

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE THOMPSON

2. DATE
OF
DEATH

February 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1417 Edmondson Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 19-01

c. Length of stay in Baltimore *30 yrs*
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1417 Edmondson Avenue

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept. 3, 1897

9. AGE (in years
last birthday)

54

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Richmond Co. VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Veonip

14. MOTHER'S MAIDEN NAME

Missouri Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Benell 7212 Beach Ave

18.

420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

Several Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARDIAC DECOMPENSATION

DUE TO

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C) Hypertensive Heart Disease

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from November 3, 1951, to February 22, 1952, that I last saw the
deceased alive on Feb. 21, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Heintz

23B. ADDRESS

1631 W. Franklin St.

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 25 1952

Huntington Williams, M.D.

Thos. D. Wilson

1000 Brantly

VS 150

92D

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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INSTRUMENTS OF DEED

RECORDS OF DEEDS



52 1850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1850
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Wallace Russell</i>			2. DATE OF DEATH <i>Feb 23 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5507 Ready ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-48</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>5507 Ready ave</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>	8. DATE OF BIRTH <i>Feb 9 1877</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Stationary Engr.</i>	11. BIRTHPLACE (State or foreign country) <i>Balto, Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Alexander Russell</i>			14. MOTHER'S MAIDEN NAME <i>Sarah E Baker</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-03-9407</i>	17. INFORMANT ADDRESS <i>Mrs James Gourley Same</i>		
18. <i>526 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Emphysema and Bronchiectasis</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Cardio-vascular Disease</i>					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Oct.</i> , 19 <i>51</i> , to <i>Feb. 23</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Feb. 21</i> , 19 <i>52</i> , and that death occurred at <i>10 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. H. Kammer, Jr.</i>		23B. ADDRESS <i>501 Sheridan Ave.</i>	23C. DATE SIGNED <i>Feb. 25, 1952</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 26 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 25 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <i>H. J. Jenkins, 4905 York Rd, Balt 512</i>			

1921

STANDARD LIFE & ACCIDENT INSURANCE CO. OF NEW YORK

1921

PAID
BOND
FOR
THE
STATE
OF
NEW YORK



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1851

BIRTH NO. 560 1851

1. NAME OF DECEASED (Type or Print) <u>Margaret Lahner</u>			2. DATE OF DEATH <u>Feb 23rd 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1512 N. Bradford St</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Balto</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>		
c. Length of stay in Baltimore <u>65 Yrs</u>			D. STREET ADDRESS (If rural, give location) <u>1512 N. Bradford St</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov 28th 1864</u>	9. AGE (in years last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Adam Lodis</u>			14. MOTHER'S MAIDEN NAME <u>—</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. A. Murray</u>	ADDRESS <u>1512 N. Bradford St</u>
18. <u>260X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
DUE TO			
19. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B) <u>Arteriosclerosis</u>		<u>15 years</u>	
DUE TO			
(C) <u>Diabetes Mellitus</u>		<u>15 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 11, 1952</u> to <u>Feb 23, 1952</u> that I last saw the deceased alive on <u>Feb 22, 1952</u> and that death occurred at <u>3:50</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>J. Karl Chapman</u>		23B. ADDRESS <u>1212 N. Baltimore Ave</u>		23C. DATE SIGNED <u>2/25/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb 26th 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
				24D. LOCATION (City, town, or county) (State) <u>Belair Rd.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 25 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Geo. E. Beck</u>	
				ADDRESS <u>1701-03 N. Patt. Park Ave</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

3409 Rosedale Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1852

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James Phil PAYNE</i>		2. DATE OF DEATH <i>2-25-52</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>South Carolina</i> B. COUNTY <i>V-27</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Darlington</i>			
c. Length of stay in Baltimore <i>2</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>140 Spring St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4/6/1912</i>	9. AGE (In years last birthday) <i>39</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>used car dealer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Car dealer</i>		11. BIRTHPLACE (State or foreign country) <i>S. C.</i>	
13. FATHER'S NAME <i>Philip J. Payne</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Caraway</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>248-10-2296</i>		17. INFORMANT <i>Mrs. Emmie B. Payne - 140 Spring St.</i>	
18. <i>260X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypoglycemia</i> DUE TO <i>Hyperinsulinism</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes Mellitus</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-23</i> , 19 <i>52</i> , to <i>2-25</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2-25</i> , 19 <i>52</i> , and that death occurred at <i>4:50 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Thomas J. Boya</i>		23B. ADDRESS <i>University Prof.</i>		23C. DATE SIGNED <i>2-25-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>2/26/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>-</i>	
24D. LOCATION (City, town, or county) (State) <i>Darlington, S. C.</i>		25. FUNERAL DIRECTOR <i>Wickner & Sons</i>		ADDRESS <i>Balto 17, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 26 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		290 65	

CERTIFICATE OF DEATH

100-25

DEATH - 100-25

100-25

100-25

100-25

100-25

100-25

100-25

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Angelo G. Constant

2. DATE OF DEATH
FEB 25 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF HOSPITAL OR INSTITUTION *THE JOHNS HOPKINS HOSPITAL*

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

200 South Bend Boulevard

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-15-1893

9. AGE (In years)

59

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pres

10B. KIND OF BUSINESS OR INDUSTRY

theater chain

11. BIRTHPLACE (State or foreign country)

Tripoli Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Constant

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

201X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

HOOGLINE DISEASE

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-21-* *1952* to *2-25-* *1952* that I last saw the deceased alive on *2-25-* *1952* and that death occurred at *4:35 A* m., from the causes and on the date stated above.

23A. SIGNATURE

R. Wells

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

removal

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

Union Cem.

24D. LOCATION (City, town, or county)

Steubenville Ohio

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Walter B. Dickner & Sons

ADDRESS

*2908 K North Pinna Ave
442*

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DECLARATION OF DEATH

1-22-2

1-22-2

1-22-2

5-163
52 1854BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1854

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Luther Shepherd

2. DATE
OF
DEATH

2/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-08

D. STREET ADDRESS (If rural, give location)

435 Rosecroft Terrace

c. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

12/22/18

9. AGE (In years, last birthday)

33 34

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

S.E. Shepherd

14. MOTHER'S MAIDEN NAME

Rebecca Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

209-18-0356

17. INFORMANT

ADDRESS

Miss Mary Louise Shepherd SAME

18.

754.6

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Aortic Regurgitation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Aortic ANEURYSM

DUE TO

(C)

Congenital?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 2/22/52, 1952, to 2/25, 1952, that I last saw the deceased alive on 2/25, 1952, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Grannick

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2/25/52

24A. BURIAL, CREMATION, or REMOVAL (Specify)

Burial

24B. DATE

2-27-1952

24C. NAME OF CEMETERY OR CREMATORY

White Top Va.

24D. LOCATION (City, town, or county) (State)

Virginia

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Boulton & Walters 1218 Stricker St

ADDRESS

VS 150

3903M

307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____

_____ known to me to be the person whose name is subscribed to the foregoing instrument,

and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public in and for the State of Texas.

My commission expires this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

Witness my hand and seal this _____ day of _____, 20____.

Notary Public

52 1855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1855

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CATHERINE S. DIXON

2. DATE OF DEATH
Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4103 Eierman Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4103 Eierman Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 26, 1868

9. AGE (In years last birthday)

84

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

? Hardesty

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. William F. Dixon - 801 N. Linwood Ave.

18.

331X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1952, to Feb 23, 1952, that I last saw the deceased alive on 2-15, 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Jeoniz

M. D.

23B. ADDRESS

3025 Belvoir Road

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

Olivet M. E. Cem.

24D. LOCATION (City, town, or county)

Olivet, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington S. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

ADDRESS

832 Bath 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MEYER TANNENBAUM

2. DATE
OF
DEATH

Feb 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION **Union Memorial Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 15 27-20**

c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

O. STREET ADDRESS (If rural, give location)
4014 Pinkney Road

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 4, 1885

9. AGE (In years last birthday)

66 67

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

MR. (?) TANNENBAUM

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital record.

ADDRESS

Union Memorial Hospital

18. **463 X and 153 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary embolus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **phlebitis of legs**

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of sigmoid colon with metastases

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 25**, 1952, to **Feb 25**, 1952, that I last saw the deceased alive on **Feb 25**, 1952, and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Jesse D. Hubbard

M. O.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Feb 25 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/26/52

24C. NAME OF CEMETERY OR CREMATORY

Washington Ref

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Inc - 2000 Eataw Pl

ADDRESS

46E

VS 150

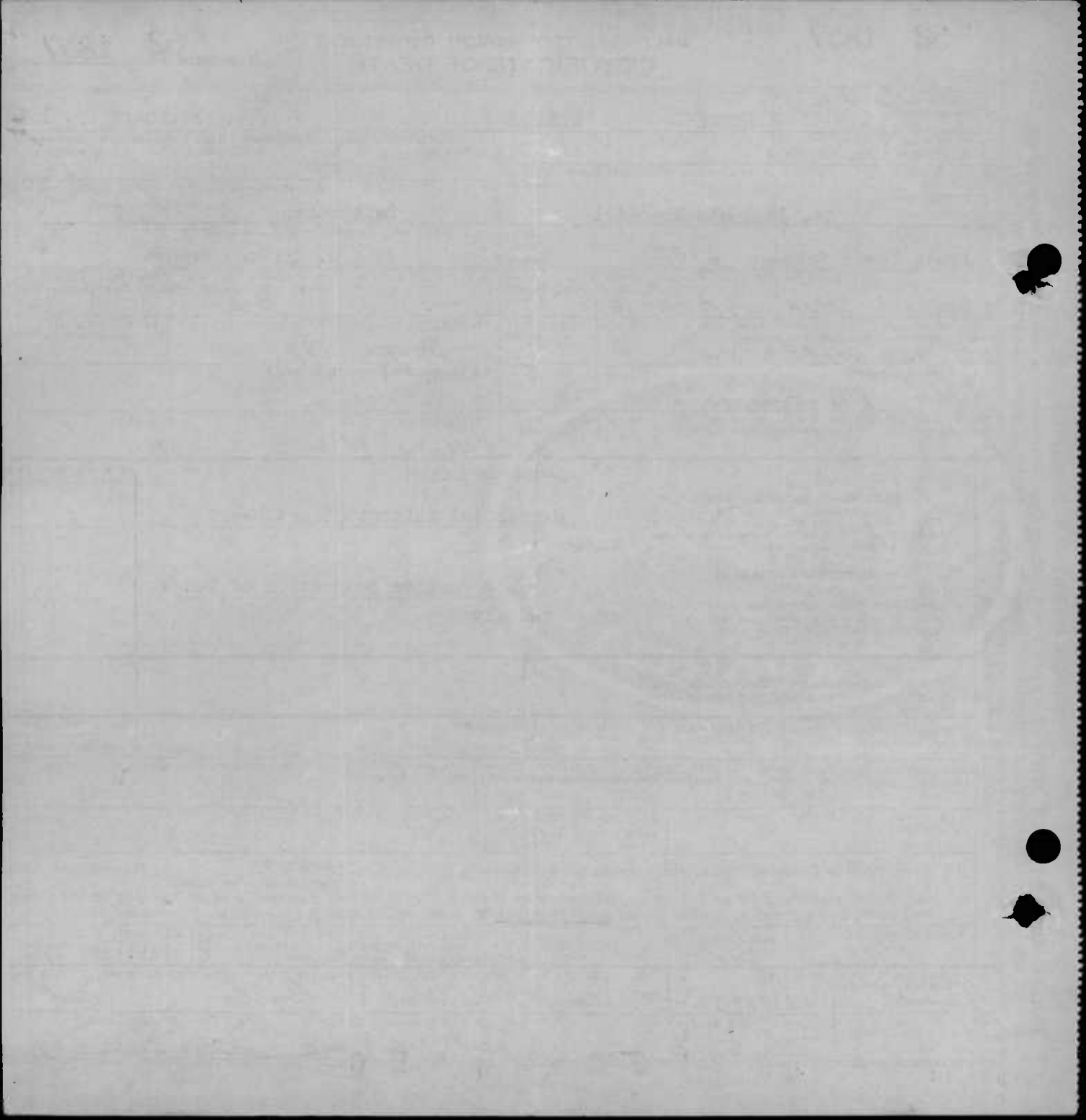
56424

46E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1857 CERTIFICATE CORRECTED 3-6-52				BALTIMORE CITY HEALTH DEPARTMENT		52 1857		
BIRTH NO.				Registered No.				
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH		February 25, 1952		
BETTY WISER								
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				A. STATE Maryland				
C. Length of stay in Baltimore LIFE				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03				
D. STREET ADDRESS (If rural, give location) 1505 N. Kenwood Avenue								
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 18, 1907	9. AGE (In years last birthday) 43	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTO. MD		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME HARRY LICHTENSTEIN			14. MOTHER'S MAIDEN NAME KATIE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Philip Wiser - Same			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarct of the heart ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic passive congestion of lungs and liver OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Myocardial infarct of the heart (B) Chronic passive congestion of lungs and liver (C)				INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) (Min.)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE William Wood				23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		23C. DATE SIGNED Feb. 25, 1952		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/28/1952		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park		24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR EB 26 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Park View, Inc - 2100 Eutaw Pl		ADDRESS 94a		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Feb 25, 1952, that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

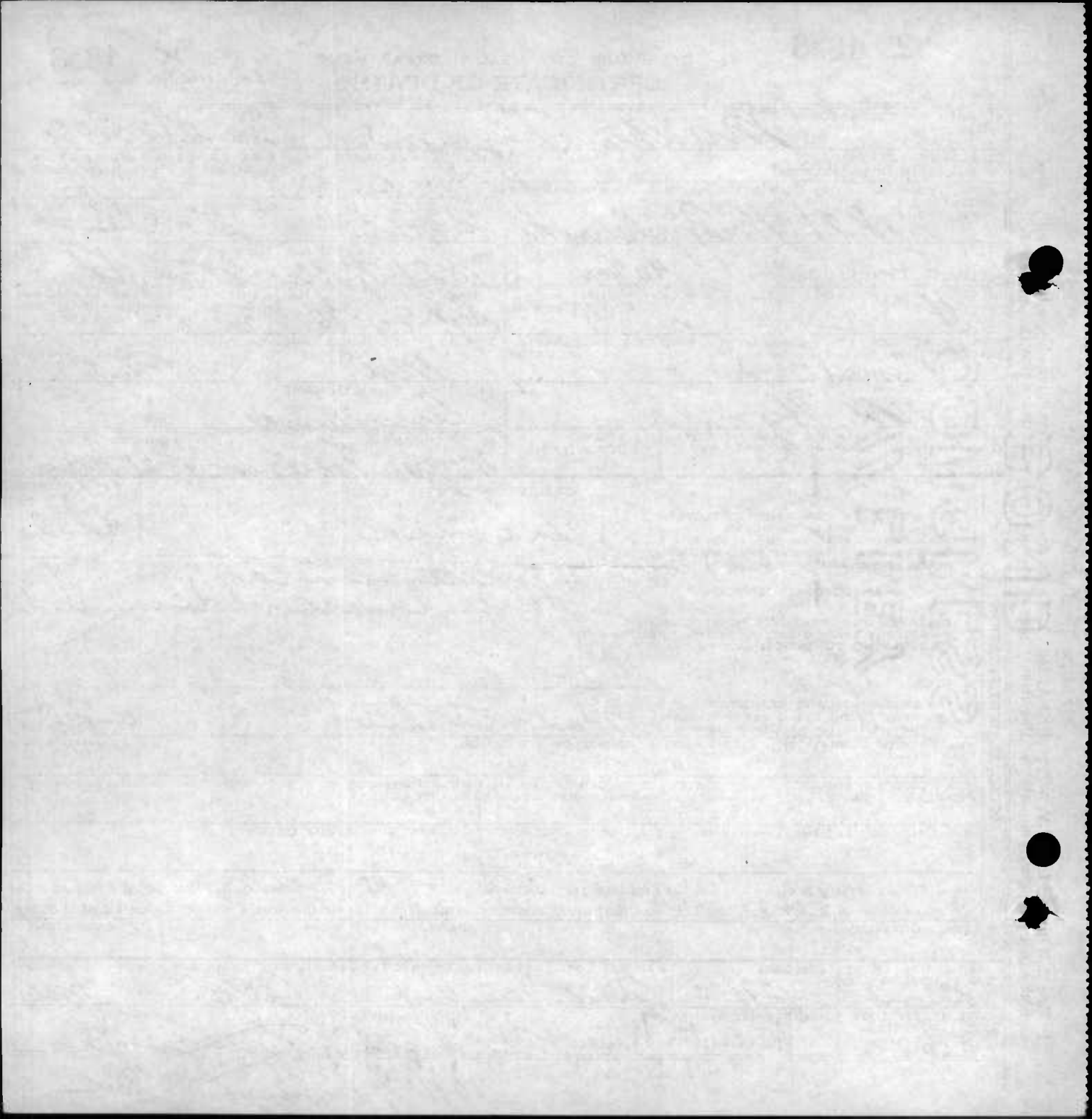
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



H-516

52 1859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1859

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAAK HAMBURG

2. DATE
OF
DEATH

2-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1636 Moeland Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-03

D. STREET ADDRESS (If rural, give location)

1636 Moeland Ave

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

59

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

shoe maker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eliahu

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mathilde Hamburg - home

18.

4201
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute coronary occlusion
of the heart

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

about

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

(C)

1 mo.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18/1952 to 2/23/1952 that I last saw the
deceased alive on 2/23, 1952 and that death occurred at 2:04 p. m., from the causes and on the date stated above.

23A. SIGNATURE

R. Weinberger,

M. O.

23B. ADDRESS

312 Brooks Lane

23C. DATE SIGNED

2/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

2-27-52

24C. NAME OF CEMETERY OR CREMATORY

Chorva Avas Chesed

24D. LOCATION (City, town, or county)

Randallstown Md

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Eutaw Pl

ADDRESS

VS 150

5828E

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Wenberger
912 Proctor Road
Ma 2001
10/7/11

52 1860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1860
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES BRIGHAM

2. DATE
OF
DEATH

Feb 23, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

PROVIDENT

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-02

d. STREET ADDRESS (If rural, give location)

1606 N. Lexington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 3, 1890

9. AGE (in years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

Cement works

11. BIRTHPLACE (State or foreign country)

Bald. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-14-4963

17. INFORMANT

Mrs. Lores Lawren

ADDRESS

511 Stokes St.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC

DUE TO

CARDIOVASCULAR

DISEASE

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection and Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley K. Durelacher

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23c. DATE SIGNED

Feb 24, 1952

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Feb 26, 1952

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county)

Bald. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

25. FUNERAL DIRECTOR

Halland Funeral Home

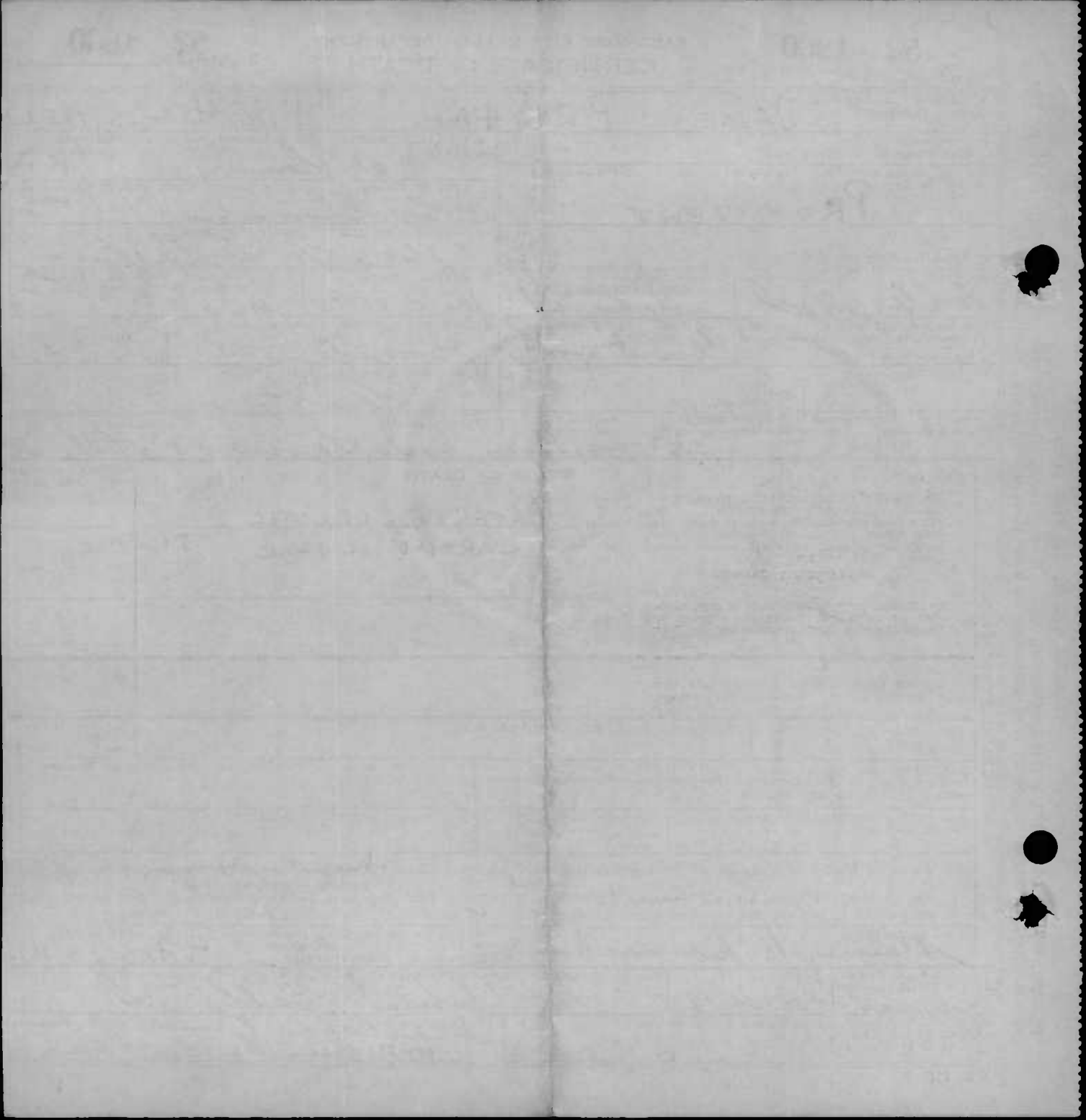
ADDRESS

4635 Quindt Hill Ave.

VS 151

97024

93D



52 1861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1861
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE in years
last birthdayIf Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No, or Unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14-1952 to 2-22, 1952 that I last saw the deceased alive on 2-21-1952 and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

83a

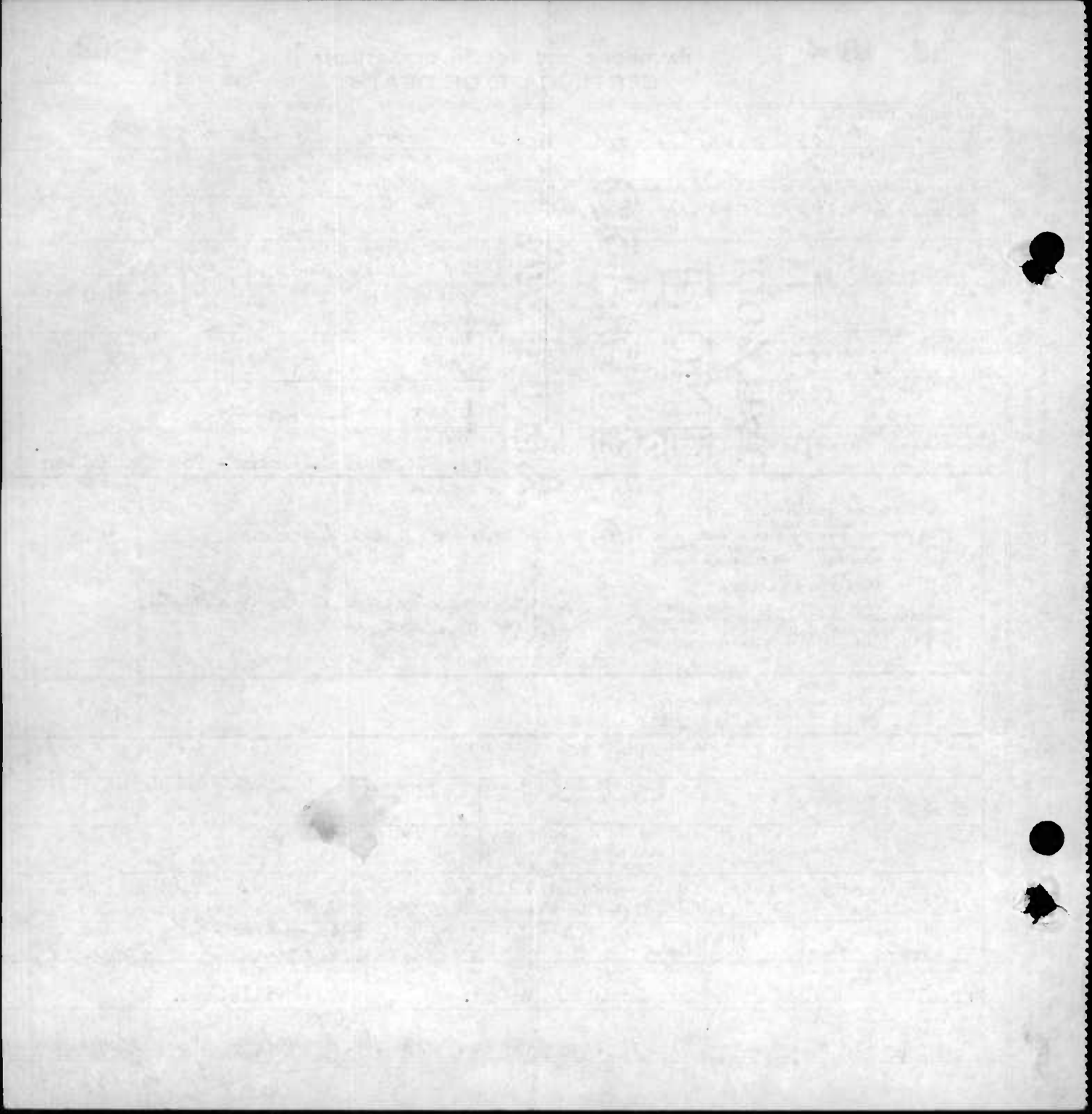
1881

56

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

52 1862		BALTIMORE CITY HEALTH DEPARTMENT		52 1862	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Roy. Nightingale DOWNS (MR)		2. DATE OF DEATH 2-25-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 44 UNION MEMORIAL HOSPITAL 62 Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-19			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2600 MANHATTAN AVE			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUNE 14, 1889	9. AGE (in years, last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales MANAGER		10B. KIND OF BUSINESS OR INDUSTRY Mfg. Htg & Plmb Fix		11. BIRTHPLACE (State or foreign country) NEW YORK	
13. FATHER'S NAME (Newell) EMORY N. DOWNS		14. MOTHER'S MAIDEN NAME Ella Schumacher		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ave. Mrs. Florence B. Downs - 2600 Manhattan	
18. 420.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Pulmonary emboli DUE TO (B) Hypertensive and arteriosclerotic heart disease DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-28, 1951, to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 11:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Alfred S. Nelson		23B. ADDRESS Union Memorial Hospital Baltimore, Maryland		23C. DATE SIGNED Feb 25/1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/27/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) Pikesville, Md.		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR'S ADDRESS	
VS 150		290 3D		93D Balto 17, Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1863
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELLA V. Van FLEET

2. DATE OF DEATH **Feb. 24, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

265 W. 31st St.

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-06

D. STREET ADDRESS (If rural, give location)

265 W. 31st St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 29, 1888

9. AGE (In years last birthday)

63

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Wash., D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Blanchard

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles E. Van Fleet - 265 W. 31st St.

18.

156.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Carcinoma of liver**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July**, 19**51**, to **Feb. 24**, 19**52**, that I last saw the deceased alive on **Feb 24**, 19**52**, and that death occurred at **2:28 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Daniel R. Coleman

23B. ADDRESS

2835 Sursum Hills PK

23C. DATE SIGNED

2/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1952

Huntington Williams, M.D. 21 m. J. Pickner & Sons

VS 150

Balto Md 46F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

M-250
52 1864BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1864

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROBERT A. MASSON

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Edgewood Nursing Home
INSTITUTION 6000 Bellona Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 19-04D. STREET ADDRESS (If rural, give location)
1823 W. Baltimore St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec. 20, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Transfer & Trucking

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George F. Masson

14. MOTHER'S MAIDEN NAME

Susan (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Ida Warfield - 1823 W. Balto. St.

18.

360X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery insufficiency.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Congestive heart failure.

19A. DATE OF OPERATION

None.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

No.

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947 to, 19, that I last saw the
deceased alive on Feb. 19, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Bayne Jr.

M. D.

23B. ADDRESS

11 E. Chase St., Balto. 2

23C. DATE SIGNED

2.26.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John S. Gickner & Sons

ADDRESS

61 Balto Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Faint, mostly illegible text covering the majority of the page, appearing to be a memorandum or report.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1865
Registered No. _____

BIRTH NO. 51-28750

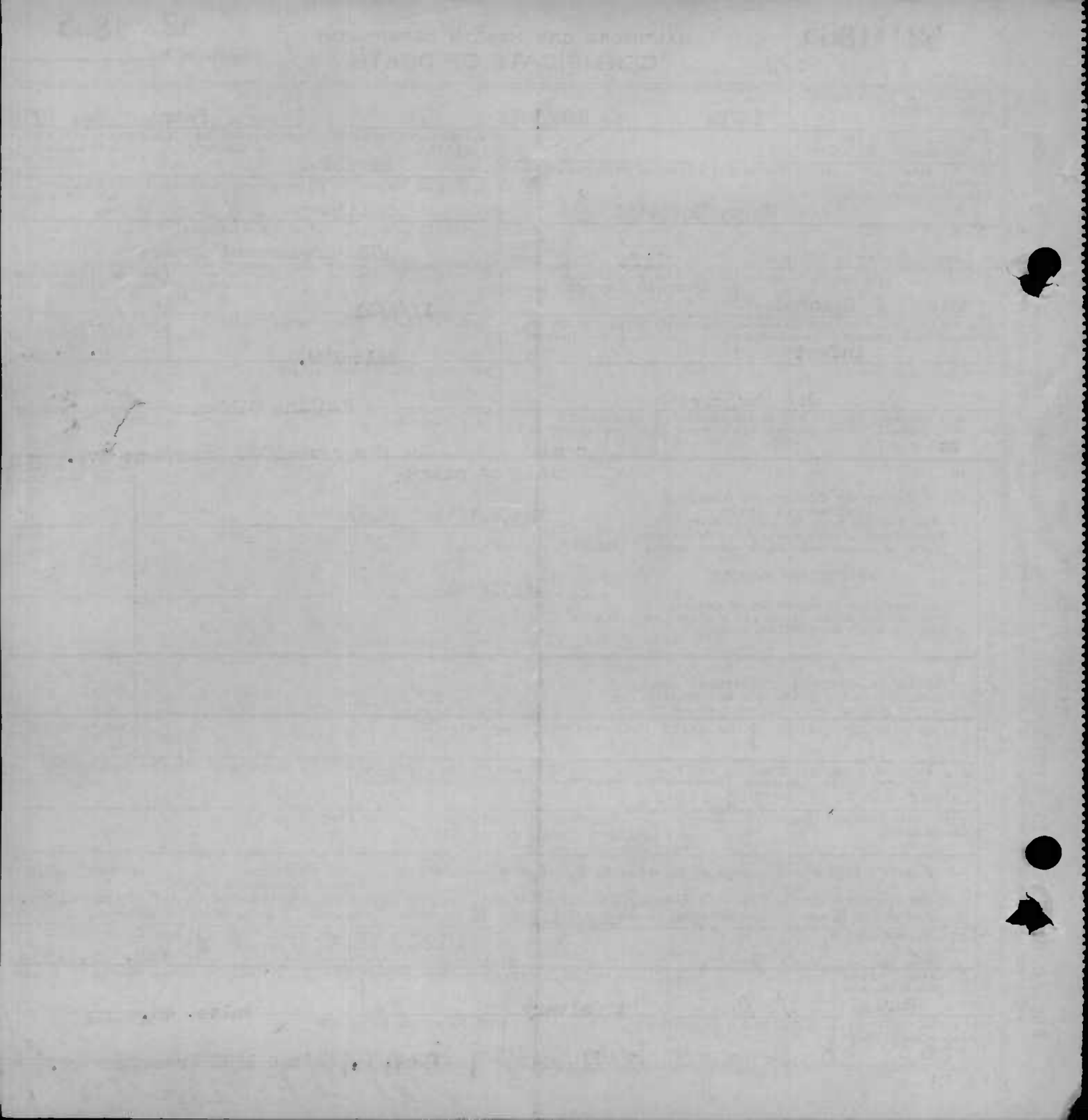
1. NAME OF DECEASED (Type or Print) IRVIN HARGROVE			2. DATE OF DEATH February 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1702 Greenmount Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12/6/51	9. AGE (In years last birthday) 2	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joe Hargrove			14. MOTHER'S MAIDEN NAME Pauline Gibbons		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Joe Hargrove 1702 Greenmount Ave.		

18. 525X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitial pneumonia (A) Interstitital pneumonia Septicemia (B) Septicemia (C) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William W. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Feb. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/26/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. H. Kelson</i>	ADDRESS 1303 Prosser St.
--	---	---	------------------------------------



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JOHN

JENNIFER

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1523 Riggs Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 18, 1905

9. AGE (in years
last birthday)

46

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Wm A. Jenifer

14. MOTHER'S MAIDEN NAME

Estee Curtis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

12

17. INFORMANT

ADDRESS

Magelen Harris 702 E. 21st St.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B) _____

DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21a. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William S. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1826 [Signature] [Signature]

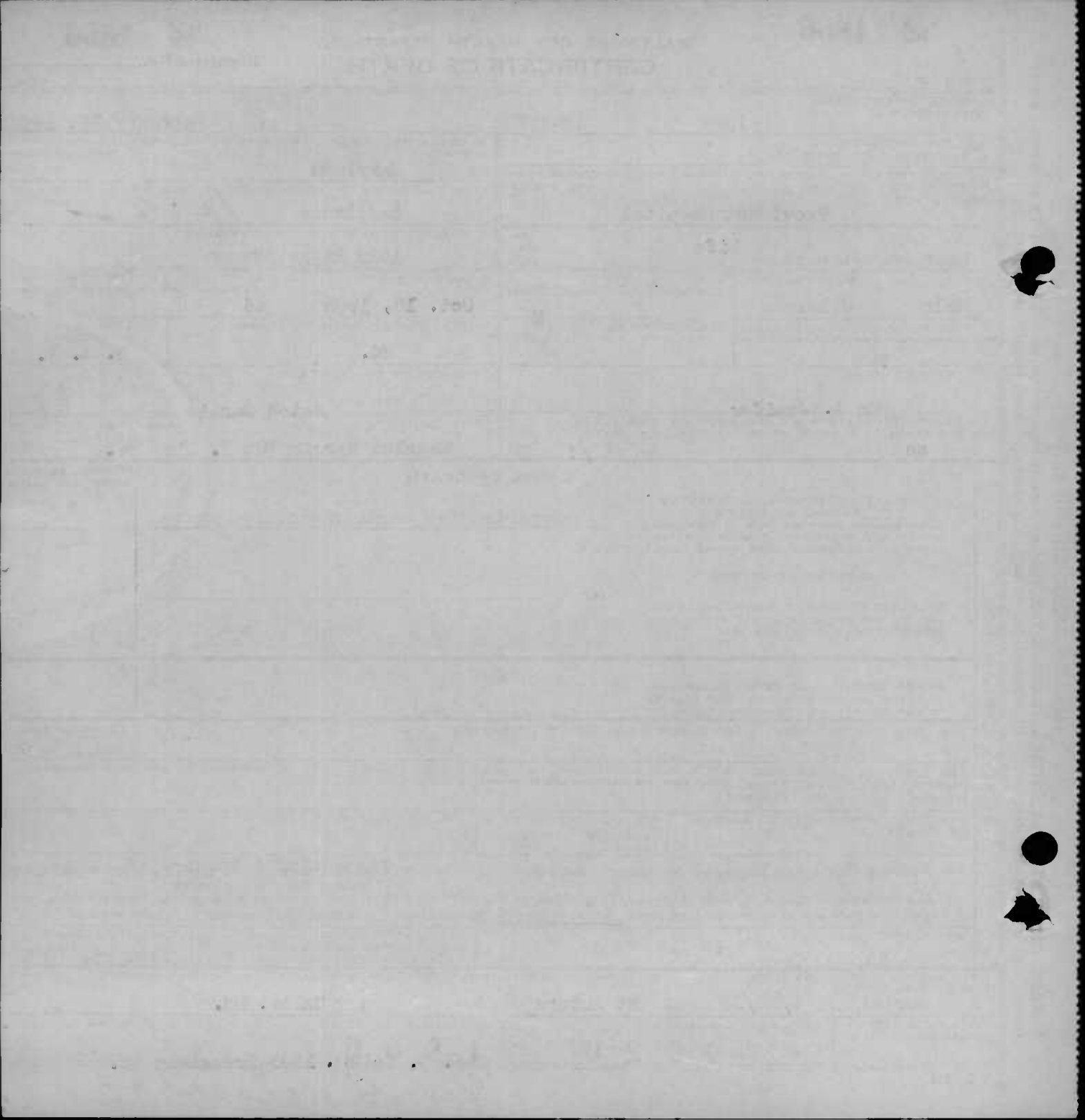
Chas. H. Kelso 1303 Prossman St.

V S 151

Chas. H. Kelso 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 5/1/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SOLIA BEATRICE		2. DATE OF DEATH Feb 24, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 14-02	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1712 Etting St	
5. SEX F	6. COLOR OR RACE C	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 6/11/05
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (In years last birthday) 46	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) md	
13. FATHER'S NAME Alex Barnes		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Mary Greenwell	
16. SOCIAL SECURITY NO. none		17. INFORMANT Elizabeth Glenn Brunt	
18. 002X		ADDRESS 1825	

18. 002X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) HYPERTENSIVE AND		
ANTECEDENT CAUSES		(B) ARTERIOSCLEROTIC HEART DISEASE		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Pulmonary tuberculosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Inspection & Inq thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE Stanley H. Duclache M.D.		23B. CHIEF MEDICAL EXAMINER 4		23C. DATE SIGNED Feb 28, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/28/52		24C. NAME OF CEMETERY OR CREMATORY St Peters
24D. LOCATION (City, town, or county) Balto. md		25. FUNERAL DIRECTOR W. Nelson 1303		
DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1952		REGISTRAR'S SIGNATURE Huntington Williams 1303		
V.S. 151		ADDRESS Prestman St		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Document File 52-1867

Letter from Dr. S. H. Curlacher, M.D.

Asst. Medical Examiner

5/1/52 Es

52 1868

REA-156783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1868

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Donna Jones

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

878 W. Fayette Street

c. Length of stay in Baltimore

12 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 22, 1929

9. AGE (In years
last birthday)

22

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Watson

14. MOTHER'S MAIDEN NAME

Janie Spivey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Far Advanced Bilateral Pulmonary Tuberculosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1952, to 2-24, 1952, that I last saw the
deceased alive on 2-24, 1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

C. S. Cloer

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-28-52

Mt. Auburn

Balt. city

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1952

Huntington Williams, M.D.

W. A. Gordon

916 Penn. Ave.

VS 150

13B

MARGIN RESERVED FOR BINDING

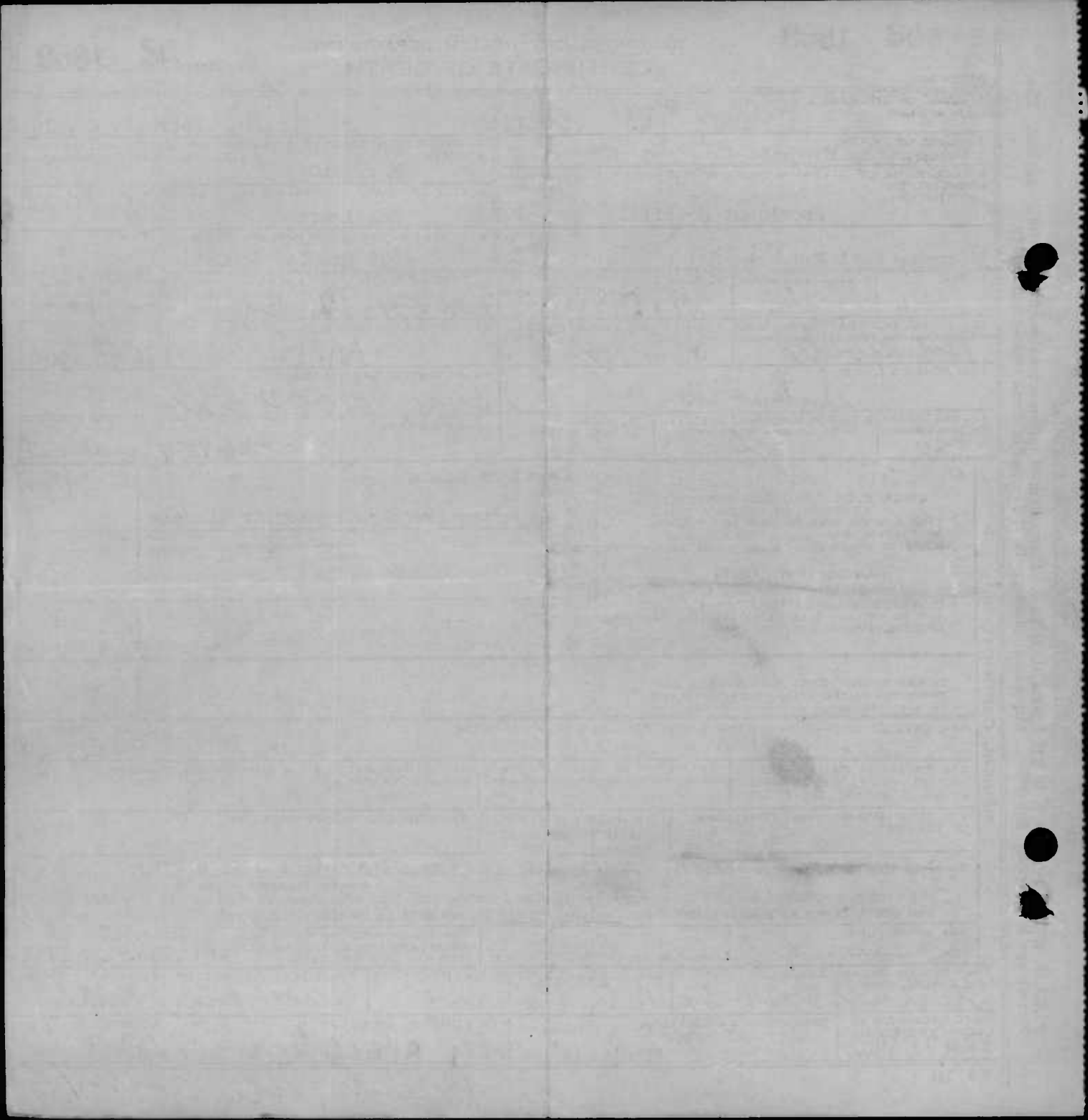
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

WATLEY
CONGRESS

SECOND

100% RAC

U.S. A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marian Grace Nash

2. DATE
OF
DEATH

2/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

703 - W. Franklin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

703 W. Franklin St.

D. STREET ADDRESS (If rural, give location)

703 W. Franklin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

2-2-1928

9. AGE (In years last birthday)

24

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Bulah Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

William F. Nash

ADDRESS

703 W. Franklin St.

18.

002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN ONSET AND DEATH

?

15

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1952, to 2/23, 1952, that I last saw the deceased alive on 2/22, 1952, and that death occurred at 3a m., from the causes and on the date stated above.

23A. SIGNATURE

H. R. Johnson

23B. ADDRESS

403 Medarts

23C. DATE SIGNED

2/23/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/29-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town or county)

Edow Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

A. Halstead - 918 -

ADDRESS

Edow Hill Ave 13B

VS 150

STATE OF NEW YORK
CERTIFICATE OF DEATH

WILLIAM
COLEMAN

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) John W. Gorsuch			2. DATE OF DEATH 2/24/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Pine Ridge Nursing Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1733 E. Federal St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 7/5/76		9. AGE (in years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME not known			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT Emile Gorsuch	
				ADDRESS 1733 Federal St.	

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Carcinoma of the lungs (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH _____

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LAYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 12, 1952 to 2.24, 1952 , that I last saw the deceased alive on 2.23, 1952 and that death occurred at 10 P m., from the causes and on the date stated above.					
22a. SIGNATURE Wm. H. Trempner		23a. ADDRESS 7520 E. 33rd St.		23c. DATE SIGNED 2.25.52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/27/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1952		REGISTRAR'S SIGNATURE Wm. H. Trempner		25. FUNERAL DIRECTOR Wm. H. Trempner		ADDRESS 1639 Broadway	
VS 150							

477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1872

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Batsis

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

40 St. Agnes' Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

404 S. Macon Street,

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years last birthday)

54 yrs.

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gus Batsis

Decd

14. MOTHER'S MAIDEN NAME

Stella

Decd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

162X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/5/51

19B. MAJOR FINDINGS OF OPERATION

Biphasic - Carcinoma of lung

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/52 to 2/24/52, that I last saw the deceased alive on 2/24/52 and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-26-52

24C. NAME OF CEMETERY OR CREMATORY

Greek Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1952

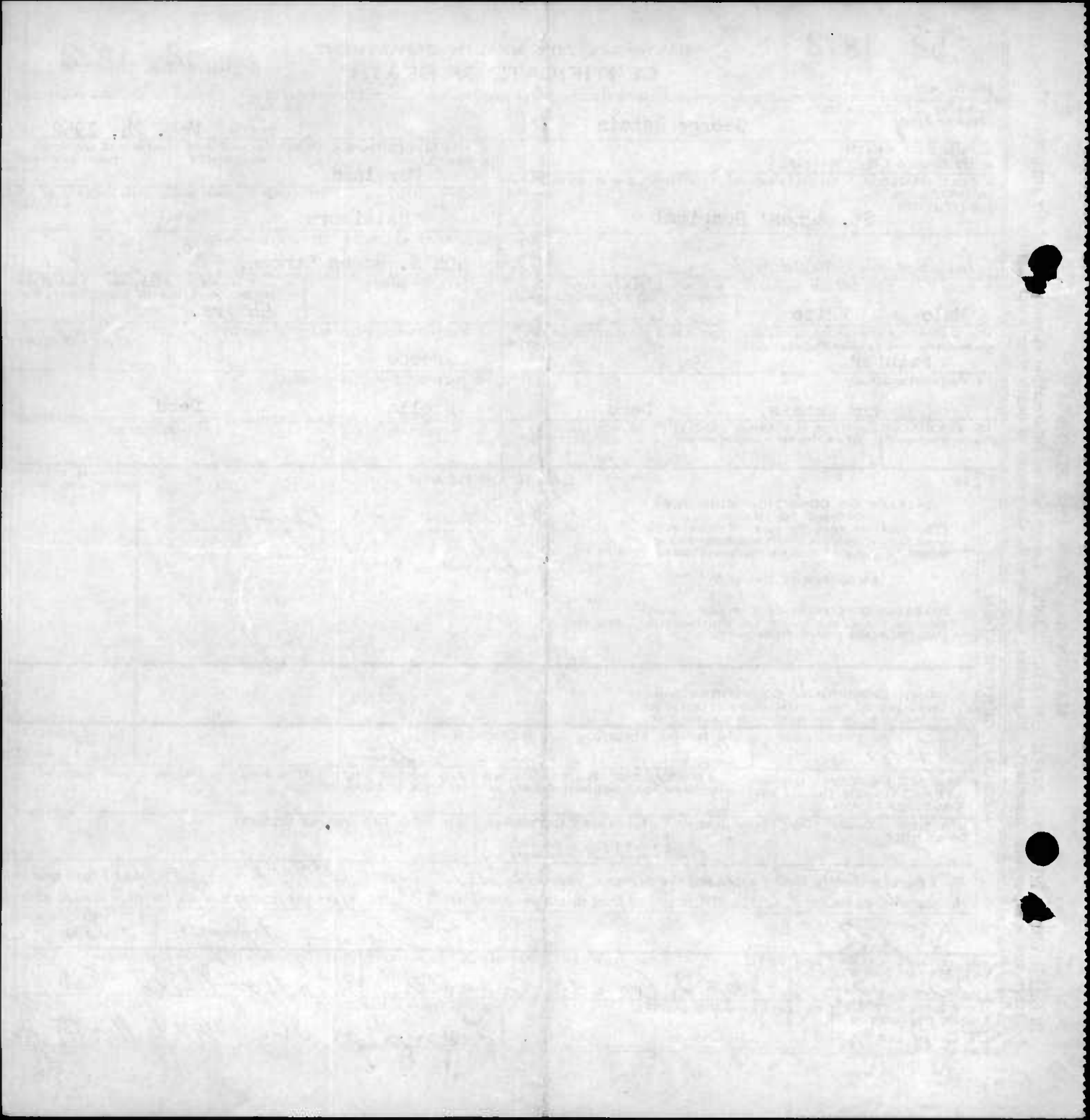
Huntington Williams, M.D.

Lambros, Inc. 440 E. North Ave.

VS 150

56424

477



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1873**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS R. MEEKINS

2. DATE
OF
DEATH

February 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

815 W. Cross Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

815 W. Cross Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 10, 1878

9. AGE (In years last birthday)

73

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Sheet Metal

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William P. Meekins

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Sda M. Meekins 1122 Nash Blvd

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Arteriosclerotic cardiovascular disease

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lord

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 26 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John P. Taylor 5311 Edmondson Ave

ADDRESS

V S 151

97024

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1891

1891



J-520
52 1874BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1874
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA CORNELIA JONES

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2132 Hollins St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2132 Hollins St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 3, 1869

9. AGE (In years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.

82

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin F. Harrison

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ed. R. Jones - 2132 Hollins St.

18.

420.1 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Coronary occlusion. Acute 2nd - 24 hours.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary occlusion Acute 1st

9 months
ago.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Coronary atherosclerosis
Generalized Arteriosclerosis8-10 yrs
10-15 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1949, 19, to Feb 25, 1952, that I last saw the
deceased alive on Feb 24, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

642 West D.L. 1

2-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem. Pk.

24D. LOCATION (City, town, or county)

Elkridge, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1952

Huntington Williams, M.D.

Wm. J. Tichenor & Sons

1921

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1921

U.S. DEPT. OF HEALTH



K-236

52 1875

52 1875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____			1. NAME OF DECEASED (Type or Print) <u>Grace Koester</u>			2. DATE OF DEATH <u>Feb. 24, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1009 S. Robinson St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>					
c. Length of stay in Baltimore -----? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1009 S. Robinson St. 1-01</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 14, 1893</u>		9. AGE (in years last birthday) <u>58</u>	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Bennett Lawson</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Stockman</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>??</u>		17. INFORMANT <u>Charles Redemann</u>			ADDRESS <u>5003 Eugene Ave.</u>

18. <u>260X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Coronary occlusion</u> DUE TO <u>Hypertension C.V.D.</u> (B) <u>Arteriosclerosis</u> DUE TO <u>Generalized arteriosclerosis</u> (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10%</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/22</u> , 19 <u>52</u> , to <u>Feb 24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/24</u> , 19 <u>52</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. H. H. L. Kunkowski</u>		23B. ADDRESS <u>1016 E East Ave</u>		23C. DATE SIGNED <u>2/26/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/27/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Zion Evangelical Church</u>	
24D. LOCATION (City, town, or county) (State) <u>Essex Md.</u>		25. FUNERAL DIRECTOR <u>John A. Moran</u>		ADDRESS <u>3000 E. Balto. St.</u>	

VS 150

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR FORCE
BOMBING
U.S. AIR FORCE



C-654

52 1876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1876

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1952, to 2/23, 1952, that I last saw the
deceased alive on 2/23, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-520 MUST BE COUNTERSIGNED BY MEDICAL EXAMINER X 52 1877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William Michael King 2. DATE OF DEATH 2/24/52

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) B. COUNTY MD Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital C. CITY OR TOWN Riderwood

6. Length of stay in Baltimore Yrs. Mos. Days 5200 D. STREET ADDRESS (If rural, give location) Riderwood

7. SEX M 8. COLOR OR RACE N 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M 10. DATE OF BIRTH 2/23/1877 11. AGE (in years last birthday) 75 12. Under 1 Year Months Days 13. Under 24 Hours Hours Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Care & Her (tenant farmer) 15. KIND OF BUSINESS OR INDUSTRY White Hall, MD 16. CITIZEN OF WHAT COUNTRY? U.S.

17. FATHER'S NAME Michael King 18. MOTHER'S MAIDEN NAME Katherine Stroh

19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No 20. SOCIAL SECURITY NO. 217-01-9511 21. INFORMANT Wife Mary King ADDRESS Same

22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 3rd degree burn rt leg 23. ANTECEDENT CAUSES INTERVAL BETWEEN ONSET AND DEATH 16 d.

24. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CERTIFICATION APPROVED BY (C) CHIEF OR ASST. MEDICAL EXAMINER

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. H. C. V. D. & old age

26. DATE OF OPERATION 0 27. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 19C. AUTOPSY? YES ☐ NO ☒

28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home 21C. WHERE DID INJURY OCCUR? Riderwood, MD

29. TIME (Month) (Day) (Year) (Hour) 2/8/52 at 3 p. m. 30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 31. HOW DID INJURY OCCUR? burning leaves - trousers caught fire

32. I hereby certify that I attended the deceased from 2/8/52, 1952, to 2/24/52, 1952, that I last saw the deceased alive on 2/24/52, 1952, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

33. SIGNATURE Lawrence Towner M. D. 34. ADDRESS Union Memorial Hosp. 35. DATE SIGNED 2-24-52

36. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 37. DATE 2-27-1952 38. NAME OF CEMETERY OR CREMATORY VERNON CEM. 39. LOCATION (City, town, or county) (State) WHITE HALL MD

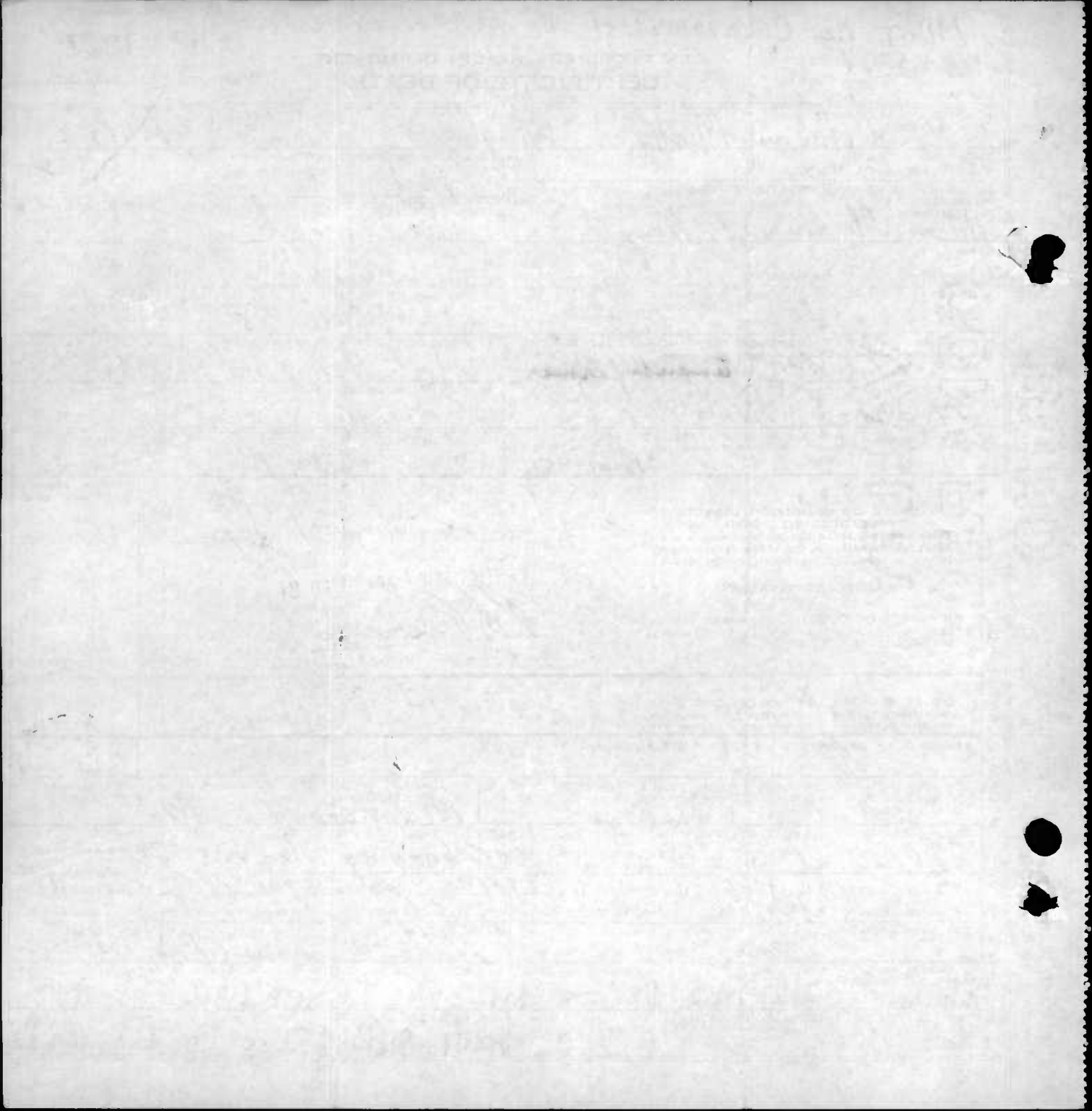
40. DATE RECEIVED BY LOCAL REGISTRAR FEB 26 1952 41. REGISTRAR'S SIGNATURE H. W. Jenkins & Sons Co. 42. FUNERAL DIRECTOR 4905 York Rd. ADDRESS

43. VS 150 N-945-2 44. 181

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



DR. S. TANNERBAUM

1250 E. NORTH AVE.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1879

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia A. Banks

2. DATE
OF
DEATH

Feb. 23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

811 W. Barre St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

811 W. Barre St

21-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 9, 1882

9. AGE (In years

last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Kummer

14. MOTHER'S MAIDEN NAME

Ida T. Eschelman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. Walter Banks, 811 W. Barre St

18. 157X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma Pancreas

3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Dec 1, 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Pancreas

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1951, to 2-23, 1952 that I last saw the deceased alive on 2-23, 1952 and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

23B. ADDRESS

1227 Washington Blvd

23C. DATE SIGNED

2-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. 29, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hurlington Williams

25. FUNERAL DIRECTOR

Harry Z. Gutzke

ADDRESS

101 Edmondson Ave

CERTIFICATE OF DEATH

State of New York

County of ...

City of ...

On the ... day of ...

at ...

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1880

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADAM M. WOJTYSIAK

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2204 Fleet Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

February 11, 1917

9. AGE (In years
last birthday)

35

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Adam Wojtysiak

14. MOTHER'S MAIDEN NAME

Ida Rasinski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218 14 8165

17. INFORMANT

ADDRESS

Mrs. Frances Wojtysiak, 2204 Fleet Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

(B) Coronary sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. W. W.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, County, State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

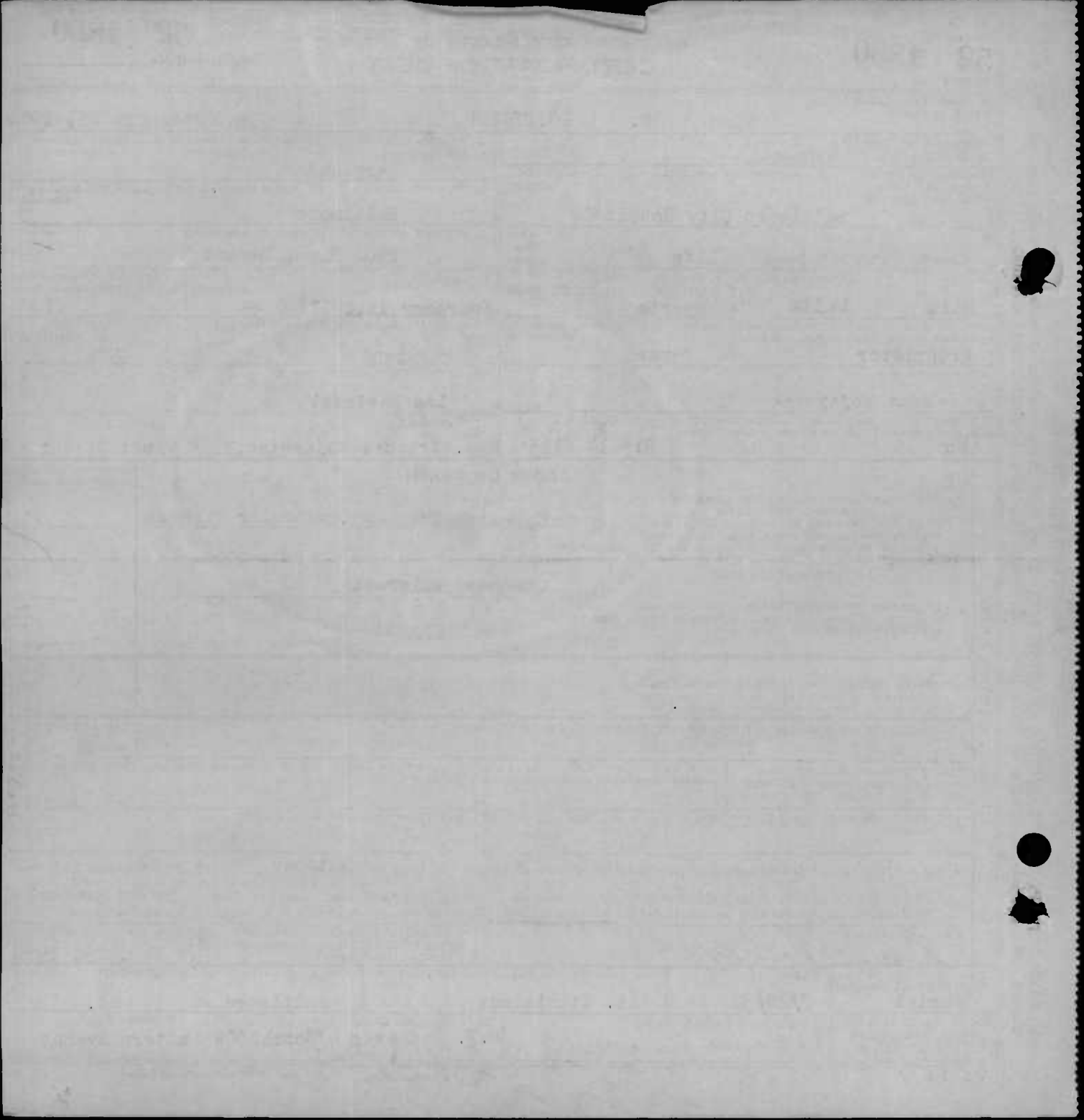
M.F. Sadowski & Son, 1808 Eastern Avenue

VS 151

2906M

937

✓



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jesse B. Winship

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

354 Herring Court

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

354 Herring Court

3-01

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

February 22, 1877

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Caretaker

10B. KIND OF BUSINESS OR
INDUSTRY

Red Shield Club

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Winship

14. MOTHER'S MAIDEN NAME

Mary Wahlruck

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

233-01-5734

17. INFORMANT

ADDRESS

Frank Winship, 3503 Keswick Road

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 2-25-52, that I last saw the
deceased alive on 2-17-52, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Hopkins

M. D.

23B. ADDRESS

Johns Hopkins Hosp

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

217 St. Paul Street

FEB 26 1952

VS 150

970 8W

51B

STATEMENT OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

EDUCATION OF DECEASED

OCCUPATION OF DECEASED

RELIGION OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF INTERMENT

PLACE OF INTERMENT

B-650 52 1882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1882
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna Baran

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

635 S. Patterson Park Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

635 S. Patterson Park Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 12, 1873

9. AGE (In years
last birthday)

78

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR
INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wargo

14. MOTHER'S MAIDEN NAME

Anna Marta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Kocsan, 2602 Fait Avenue

18. 450.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1952, to Feb 25, 1952, that I last saw the
deceased alive on Feb 24, 1952, and that death occurred at 3:34 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
removal

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24D. LOCATION (City, town, or county)

New York,

New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 26 1952

Huntington Williams

Wm. G. G. F.

1217 St. Paul Street

VS 150

93E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-653
52 1883

52 1883

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

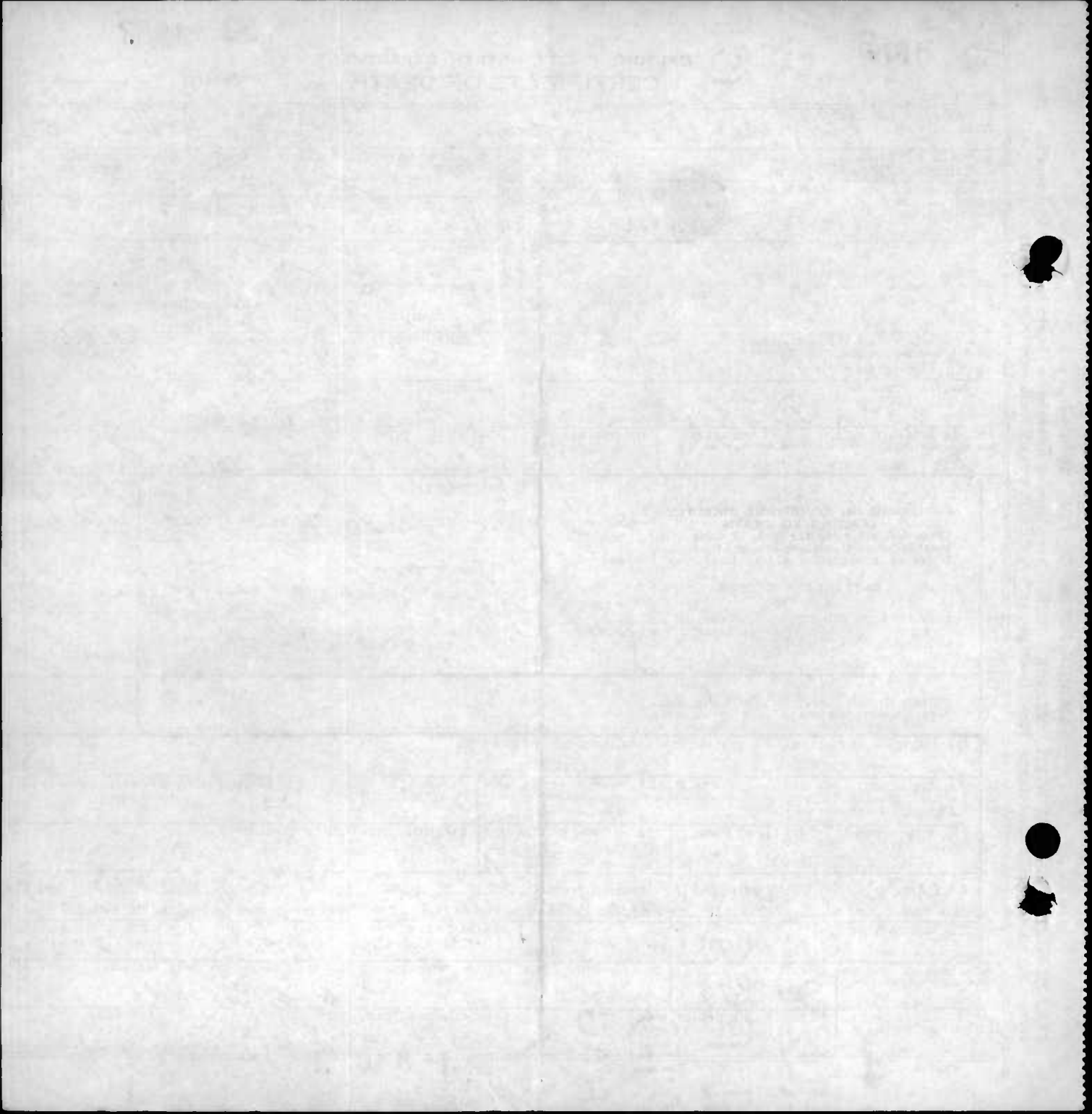
Registered No. Feb 25 '52

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Rufus Thornton</u>		2. DATE OF DEATH <u>Feb 25 '52</u>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>37 Mercy Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>333 N. Gay St.</u>			
5. SEX <u>Ch</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>Feb 18th 1883</u>	9. AGE (in years, last birthday) <u>69</u>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Worker</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Savannah Ga.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John T. Thornton</u>		14. MOTHER'S MAIDEN NAME <u>Nancy H. Brown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>John T. Thornton 4107 Audrey Ave.</u>	
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebrovascular Hemorrhage</u> (A) DUE TO <u>Hypertension + Arteriosclerosis</u> (B) DUE TO <u>Myocarditis</u> (C)		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 25 '52</u> , to <u>Feb 25 '52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 25 '52</u> , 19 <u>52</u> , and that death occurred at <u>2:10</u> P.m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Frank G. Kasik Jr.</u>		23B. ADDRESS <u>Mercy Hospital</u>		23C. DATE SIGNED <u>2/25/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/28/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>	
24D. LOCATION (City, town, or county) (State) <u>A. A. Co. Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Wm. Cook Inc. 1217 St. Paul St.</u>			

VS 150

970 24

93D



V-523

52 1884

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1884
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Henrich Von Staden</i>		2. DATE OF DEATH <i>FEB 25 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1105 Wallaston Way</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-22-89</i>	9. AGE (In years last birthday) <i>62</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Goodwill Industries</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>William Von Staden</i>		14. MOTHER'S MAIDEN NAME <i>Christine (Unknown)</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>218-22-753</i>		17. INFORMANT ADDRESS <i>Alfred M. Von Staden, 1105 Wallaston Way</i>	
18. <i>411 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumatic Heart Disease with Aortic Insufficiency</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>6 years</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-21-1952</i> to <i>2-25-1952</i> that I last saw the deceased alive on <i>2-25-1952</i> and that death occurred at <i>3:57 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard S. Ross</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/25/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/27/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto.</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>2/6/1952</i>		24F. REGISTRAR'S SIGNATURE <i>W. J. Williams</i>	
24G. FUNERAL DIRECTOR <i>W. J. Williams</i>		24H. ADDRESS <i>1217 St. Paul St.</i>			

VS 150

9708W

92c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Memorandum for the Director
of the Bureau of Plant Industry

Wm. L. R. R.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1885

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD

DUNN

2. DATE
OF
DEATH

February 19, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 W. Lexington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1875

9. AGE (In years
last birthday)

76 73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

(Unknown)

Dunn

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Howard S. Purcell 121 Pearl St

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Omulachuk M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
February 20, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville Md.

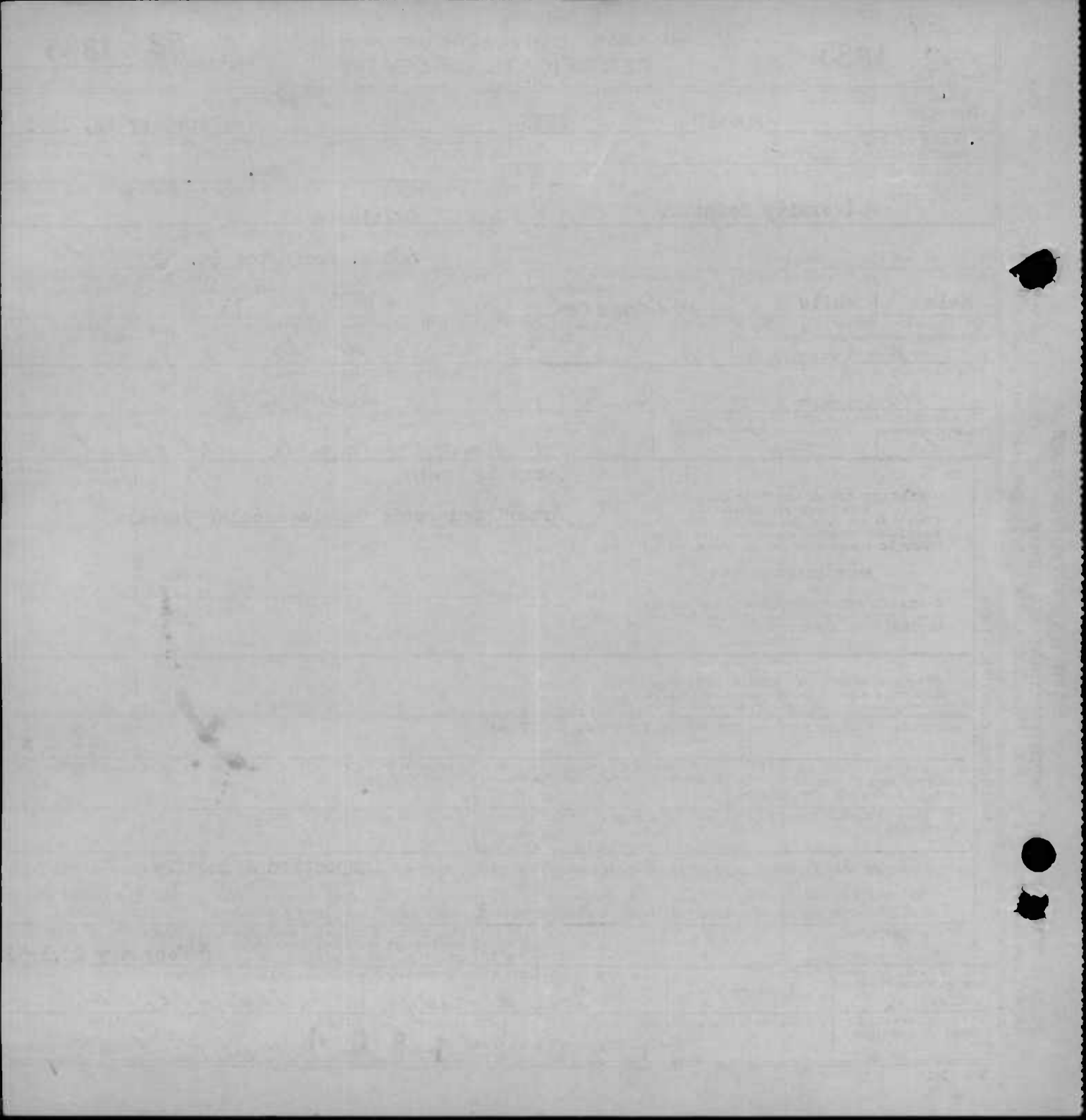
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WPA Cook, Inc. 4217 St. Paul st.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 1886
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Elizabeth Fisher

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 400 W. Lexington St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

70 Aged Women's and Aged Men's Homes

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 10, 1868

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

8

If Under 24 Hours

Hours

14

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Schmidt

14. MOTHER'S MAIDEN NAME

Anna Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

L. H. Read

ADDRESS

1400 W. Lexington Street

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Vascular disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1950, to February 23, 1952, that I last saw the deceased alive on February 23, 1952, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edward Day

23B. ADDRESS

4-E-33rd St - 18

23C. DATE SIGNED

February 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

EB 26 1952

REGISTRAR'S SIGNATURE

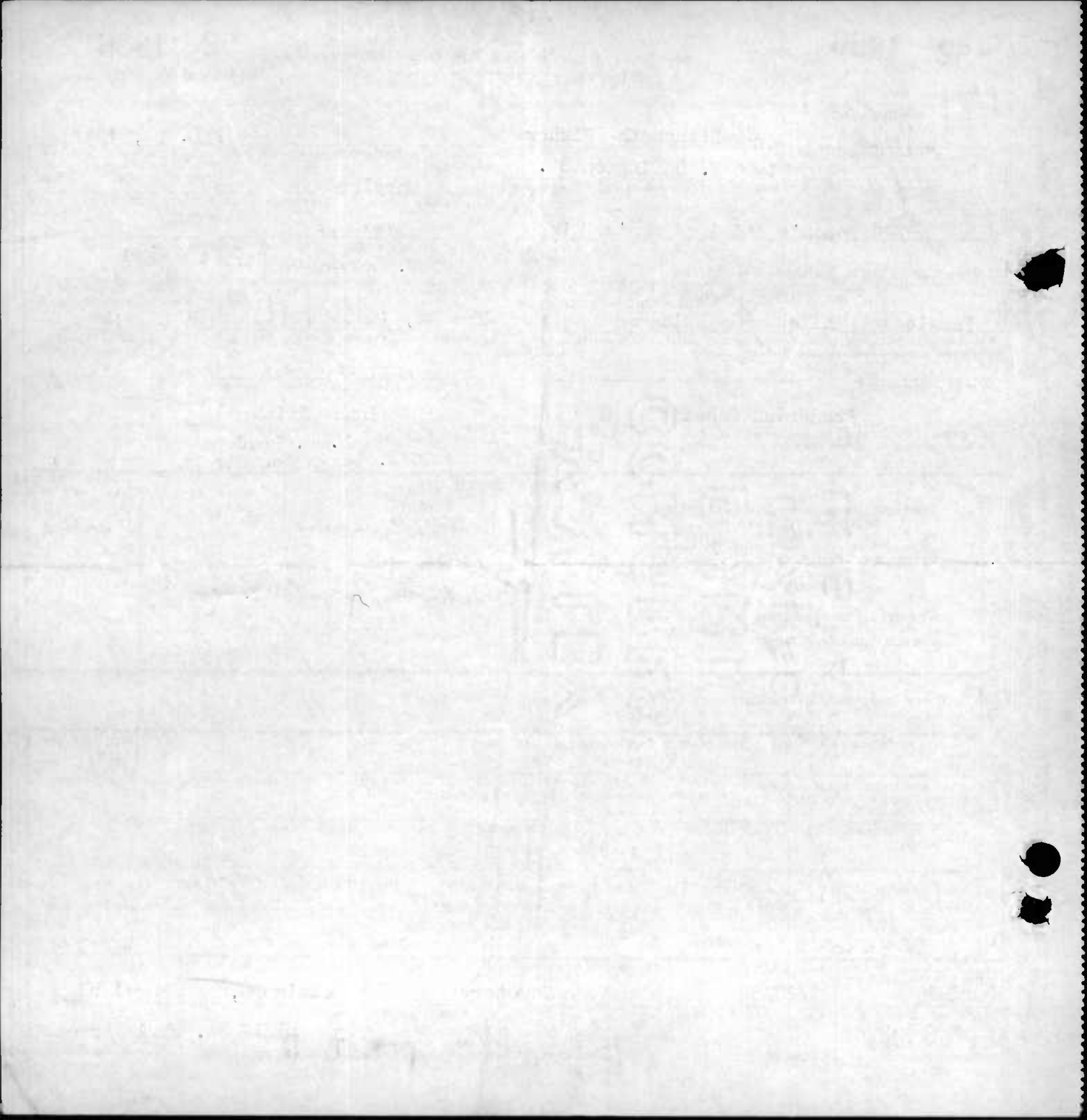
William H. Miller

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street



W-341
52 1887BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1887
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM A. WOODLIEF

2. DATE
OF
DEATH

February 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

606 S. Hanover Street 22-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 11, 1906

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Farm Owner

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eulesses Woodlief

14. MOTHER'S MAIDEN NAME

Anne M. Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. A. E. Kuth, Wake Forrest, N. C.

18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Lobar pneumonia, right middle and
~~lower~~ upper lobes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Free Union Cemetery

24D. LOCATION (City, town, or county)

Wake County, North Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EB 26 1952

Huntington Williams, M.D.

Wm. Cook, Inc.

6217 St. Paul Street

VS 151

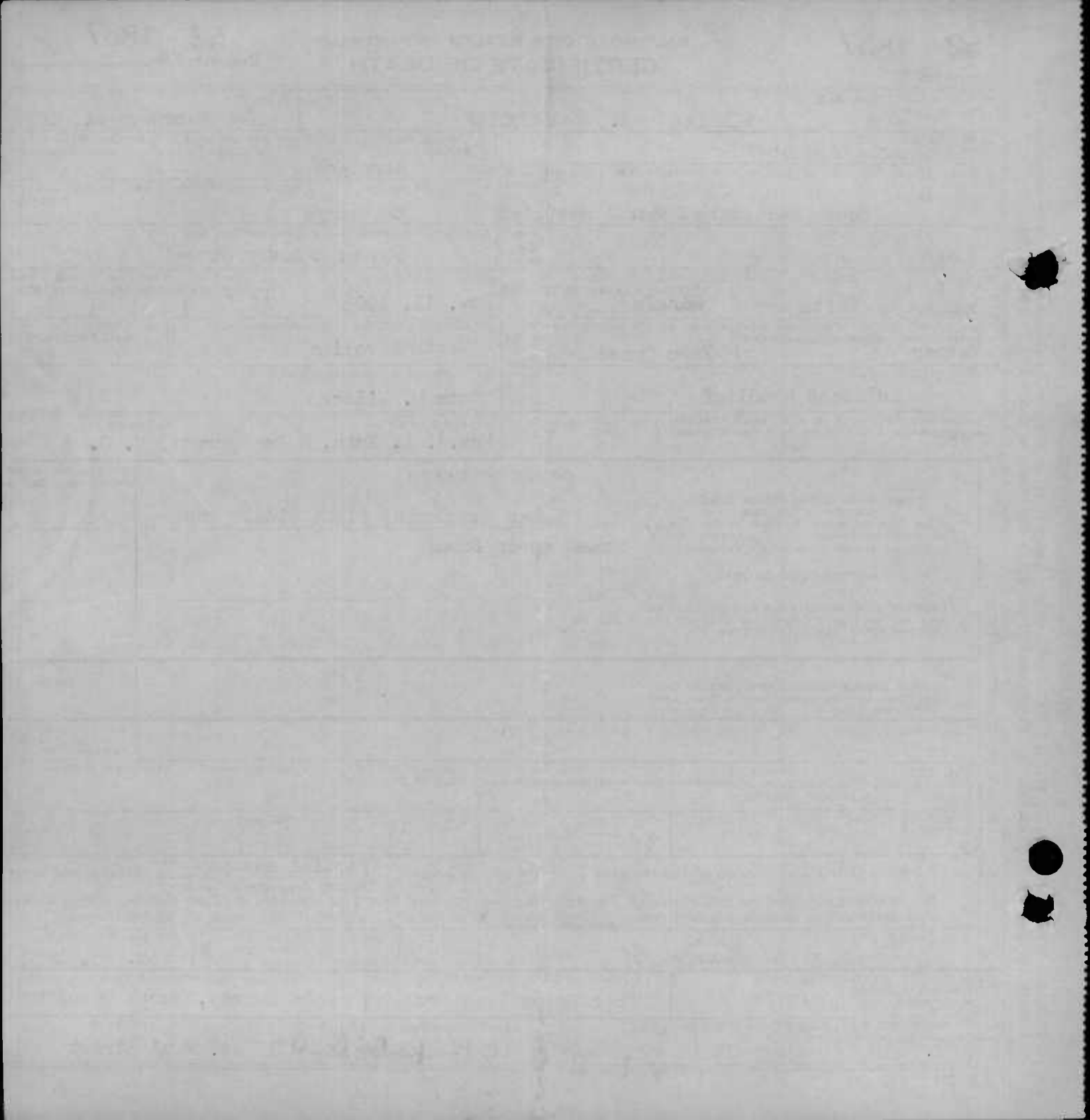
83010

108

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.



1958

V-3111 12 1958

STATEMENT OF DEATH

[Faint, mostly illegible text from the reverse side of the document, appearing as bleed-through. Some words like "DEATH", "STATEMENT", and "FAMILY" are faintly visible.]

1958 12 1958
1958 12 1958
1958 12 1958

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1889
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Hawkins

2. DATE
OF
DEATH

2/23/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

32 W. Cross Street

C. CITY OR TOWN

Baltimore, City

23-01

D. STREET ADDRESS (If rural, give location)

32 W. Cross Street

c. Length of stay in Baltimore

30Yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

5/9/1887

9. AGE (in years, last birthday)

64

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Hawkins

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mary Castor- 105 W. Hamburg Street

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Lobar Pneumonia

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Senile Deterioration

unknown

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 19, 1952, to Feb. 23, 1952, that I last saw the deceased alive on Feb. 23, 1952, and that death occurred at 0:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Gaines, M. O.

23B. ADDRESS

525 W. Hamburg St.

23C. DATE SIGNED

2/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/27/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Ct.

24D. LOCATION (City, town, or county)

Baltimore, City.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

108 W. Montgomery St.

FEB 26 1952

7208A

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1899

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1899

1899

1899

1899

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1899

52 1890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1890

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rachel Coleman

2. DATE
OF
DEATH

Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

509 Mosher St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

509 Mosher St.

C. Length of stay in Baltimore

2 mos.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 24, 1895

9. AGE (In years
last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Danville, Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Pass

14. MOTHER'S MAIDEN NAME

Rachel ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

Ms. Alberta Sander

17. INFORMANT

Ms. Alberta Sander

ADDRESS

2015 Mosher Ave.

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio Renal disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1, 1952, to 2-22, 1952, that I last saw the
deceased alive on 2-22, 1952, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George R. Adams

M. D.

23B. ADDRESS

2327 W. North Ave.

23C. DATE SIGNED

2-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 26, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

Danville, Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

Funeral Home

ADDRESS

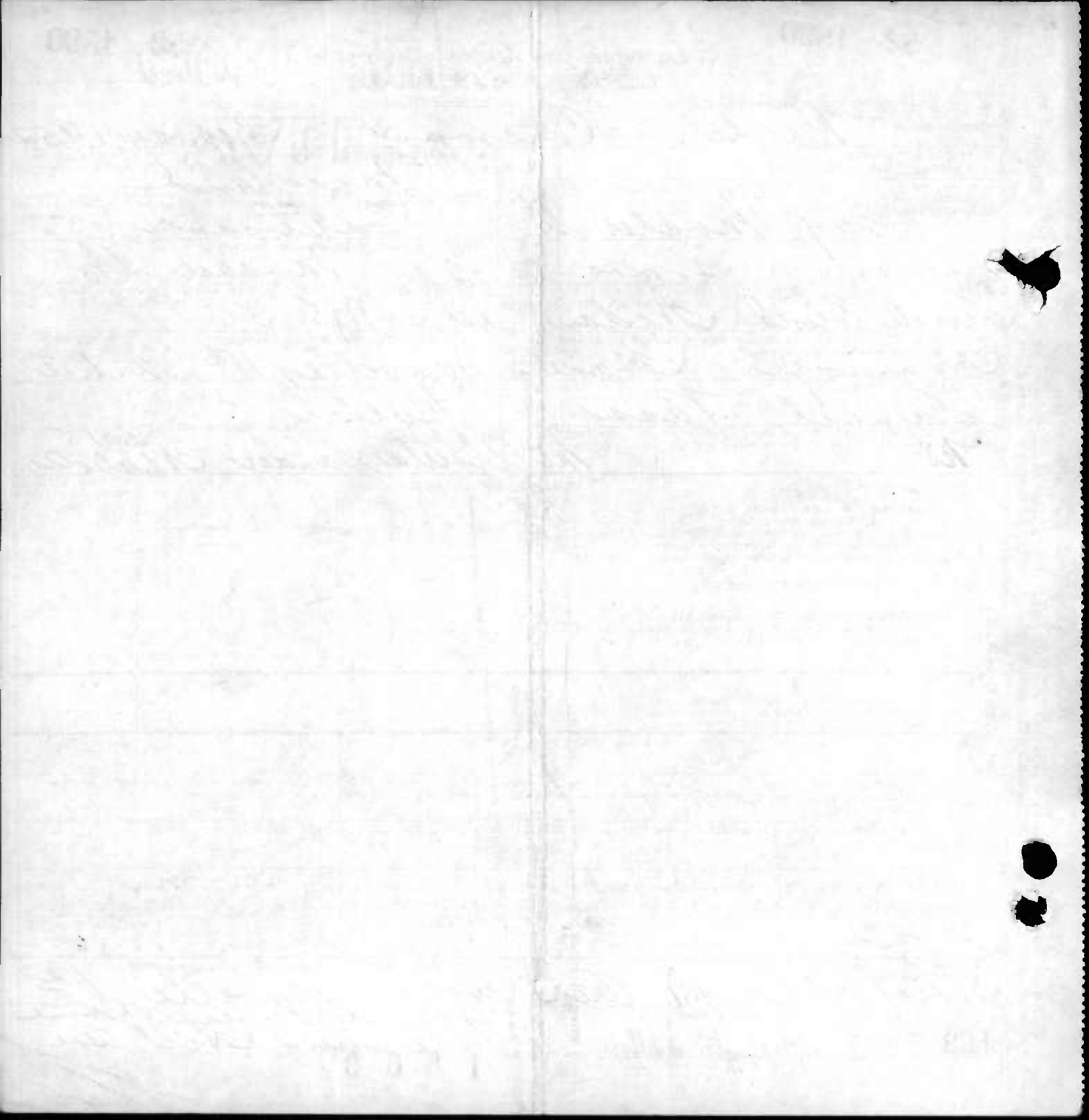
63 Druid Hill Ave.

VS 150

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and completely.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Laurence Gates*2. DATE
OF
DEATH*Feb. 26, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Wf 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*W. Va.**V-45*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*THE JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Saint Albans

D. STREET ADDRESS (If rural, give location)

132 Halsey St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*4-5-1913*9. AGE (In years
last birthday)*38*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Foreman*10B. KIND OF BUSINESS OR
INDUSTRY*Chemical Business*

11. BIRTHPLACE (State or foreign country)

*W. Va.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Gates

14. MOTHER'S MAIDEN NAME

*Agnes Murray*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS*THE JOHNS HOPKINS HOSPITAL*18. *155X*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

*Carcinoma of Liver
primary*INTERVAL BETWEEN
ONSET AND DEATH*1 1/2 yrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-19-1952* to *2-26-1952* that I last saw the
deceased alive on *2-26-1952* and that death occurred at *1:00 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

R. Wells

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*2-26-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Removal*

24B. DATE

Feb-27-52

24C. NAME OF CEMETERY OR CREMATORY

Saint Albans

24D. LOCATION (City, town, or county)

W. Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Williams & Son

ADDRESS

*Balt.**FEB 27 1952*

VS 150

*5234R**46F*

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE,
January 1, 1901.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE.

FOR THE YEAR
ENDING DECEMBER 31, 1900.

ALBION S. BROWN,
COMMISSIONER.

RECEIVED
JAN 1 1901

THE COMMISSIONER OF THE
LAND OFFICE,
DALLAS, TEXAS.

TO THE SENATE,
AT THE REGULAR SESSION,
JANUARY 1, 1901.

ALBION S. BROWN,
COMMISSIONER.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE.

FOR THE YEAR
ENDING DECEMBER 31, 1900.

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LAND OFFICE.

FOR THE YEAR
ENDING DECEMBER 31, 1900.

ALBION S. BROWN,
COMMISSIONER.

RECEIVED
JAN 1 1901

THE COMMISSIONER OF THE
LAND OFFICE,
DALLAS, TEXAS.

TO THE SENATE,
AT THE REGULAR SESSION,
JANUARY 1, 1901.

ALBION S. BROWN,
COMMISSIONER.

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE.

52 1892

52 1892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

ND-154569

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Logan

2. DATE

OF

DEATH Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

31

4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

802 N. Carey St. (17)

c. Length of stay in Baltimore

20 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 17, 1900

9. AGE (In years
last birthday)

51

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dock Logan

14. MOTHER'S MAIDEN NAME

Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)
DUE TOCarcinoma of the bladder with
general CarcinomatosisINTERVAL BETWEEN
ONSET AND DEATH

1 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-8-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Bladder

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-5, 1951, to 2-25, 1952 that I last saw the
deceased alive on 2-25, 1952, and that death occurred at 5:40a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Logan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 29-52

24C. NAME OF CEMETERY OR CREMATORY

Blades Cem.

24D. LOCATION (City, town, or county) (State)

Marion

N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Samuel W. Sullivan, Jr.

ADDRESS

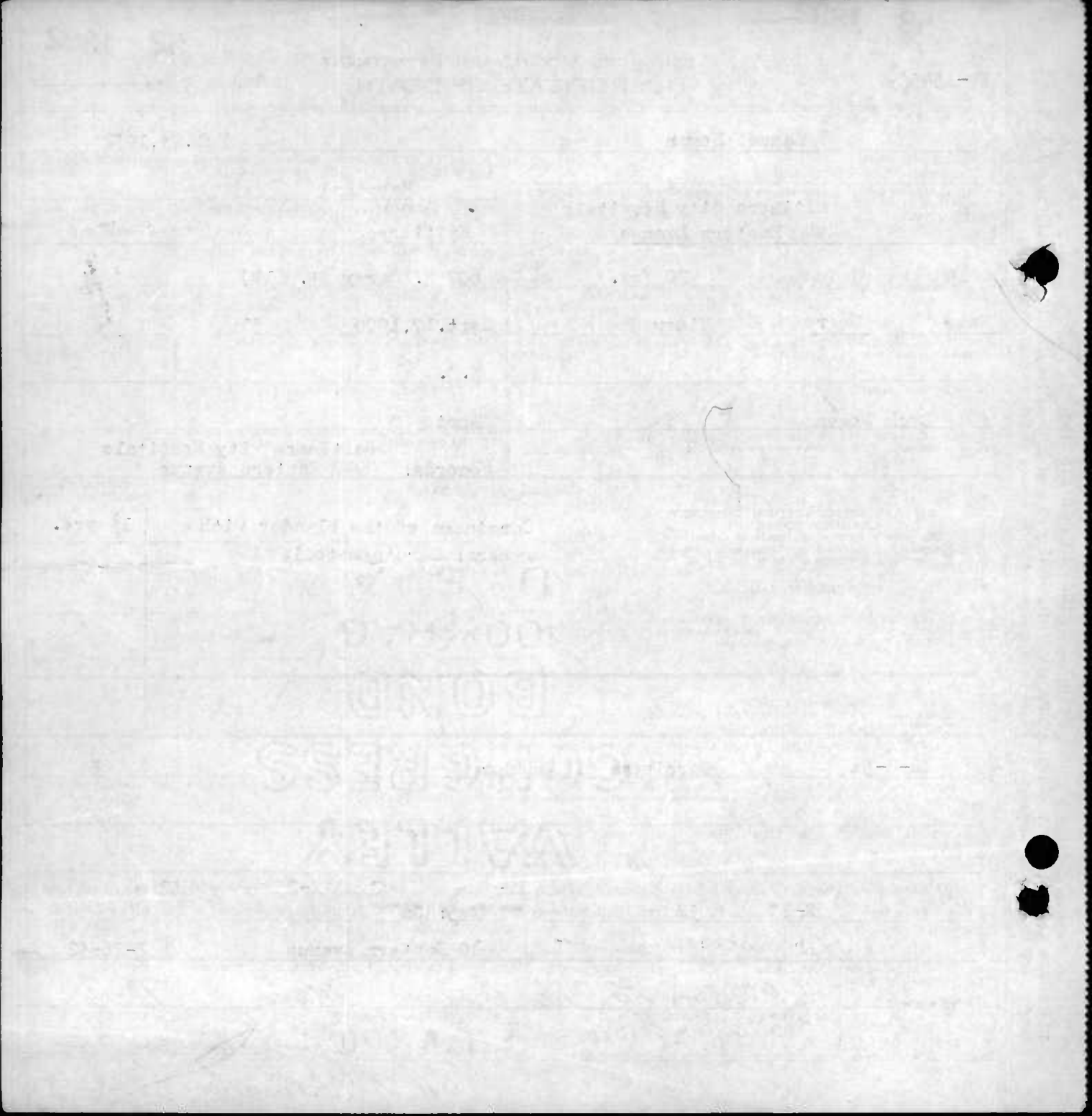
1011 N. Arlington Ave 52B

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



L-512

52 1893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1893

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RENA LAMPKIN

2. DATE
OF
DEATH

2/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Univ. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1004 Compton St. Balt. Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 1872

9. AGE (In years
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

US.

13. FATHER'S NAME

George Haybron

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Son #4 W 5th Ave. Glenview

18. 422.1 and E903.5 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

A. C. V. Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fractured Hip - left

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

on street

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Balt City

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Jan. 11, 1952

WHILE AT
WORKNOT WHILE
AT WORK

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Dogs ran onto her - she lost balance & fell down

22. I hereby certify that I attended the deceased from 2-1-52, 1952, to 2-24, 1952, that I last saw the
deceased alive on 2-24, 1952, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Jones

M. D.

23B. ADDRESS

University City

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

RITCHIE HWY

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

NORRIS DENNY, INC 715 LIGHT ST -30

VS 150

937

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

STATE OF TEXAS
CERTIFICATE OF DEATH

OT. 2

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1894
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR WHITE

2. DATE
OF
DEATH

February 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

558 W. Mosher Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

2/2

9. AGE (in years
last birthday)

41

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MC

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles H. Miller 5-58 m. m. m.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

29

24C. NAME OF CEMETERY OR CREMATORY

LT. AUBURN

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

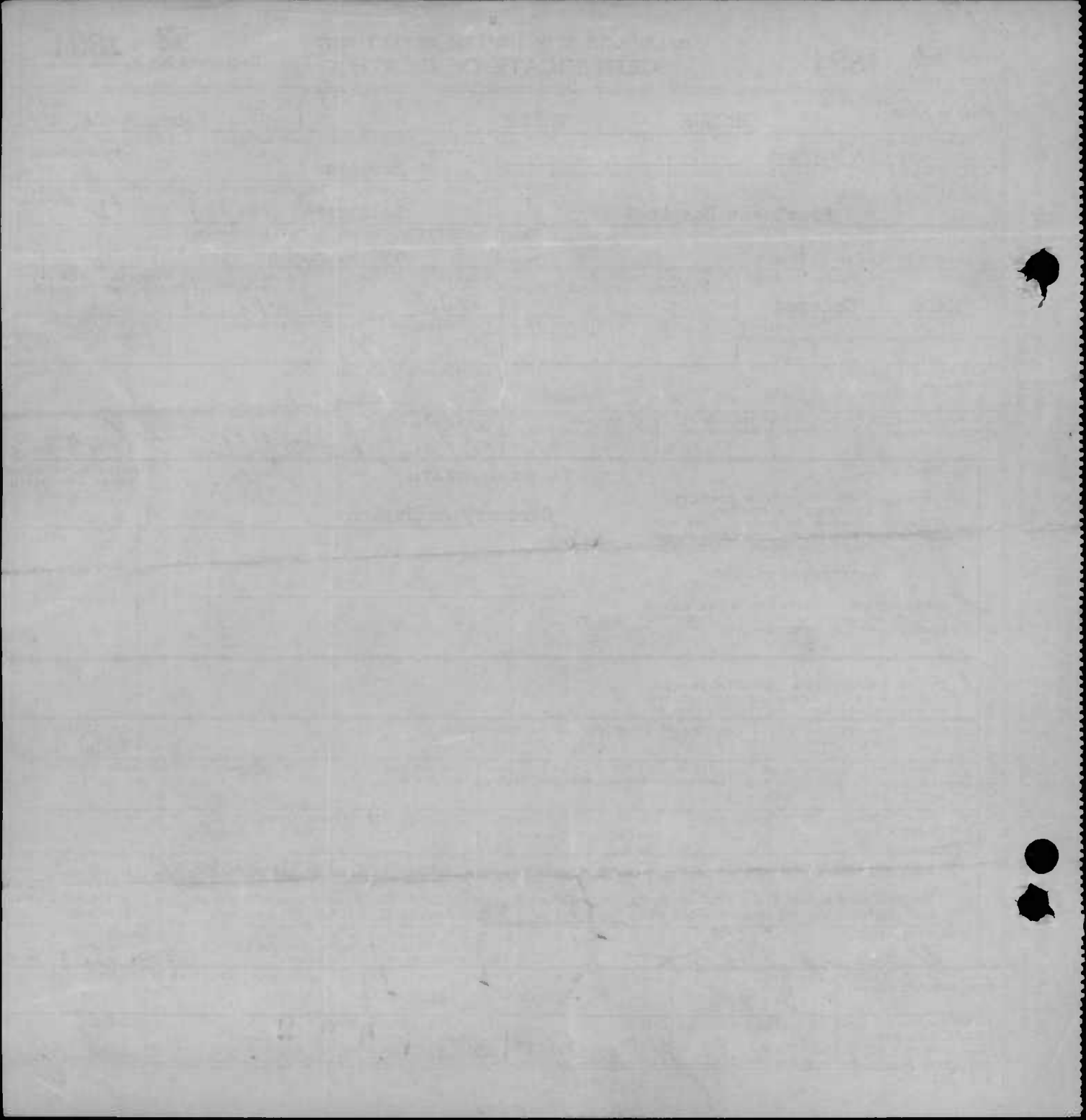
25. FUNERAL DIRECTOR

CHARLES H. ALEXANDER. 1200 1st St. N. W.

ADDRESS

V S 151

94a



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is necessary important. Physicians: please write the causes of death clearly and legibly.

52 1895

CERTIFICATE-CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1895 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS. NORMAN

FLETCHER

2. DATE
OF
DEATH

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-02

D. STREET ADDRESS (If rural, give location)

805 S. Greene Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Frances Fletcher (Wife) 1414 Winni-

18. E812.4

CAUSE OF DEATH Fred St. Charlotte, N.C.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Retroperitoneal hemorrhage

DUE TO fracture of pelvis

ANTECEDENT CAUSES

(B) Fracture of left tibia and fibula

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Fremont and Fayette Streets

4/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 22, 1952 8:20 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by car (auto)

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

2/27/52

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN

24D. LOCATION (City, town, or county)

BALTO. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

A. Stokely 918 S. ...

V S 151

N-808.2

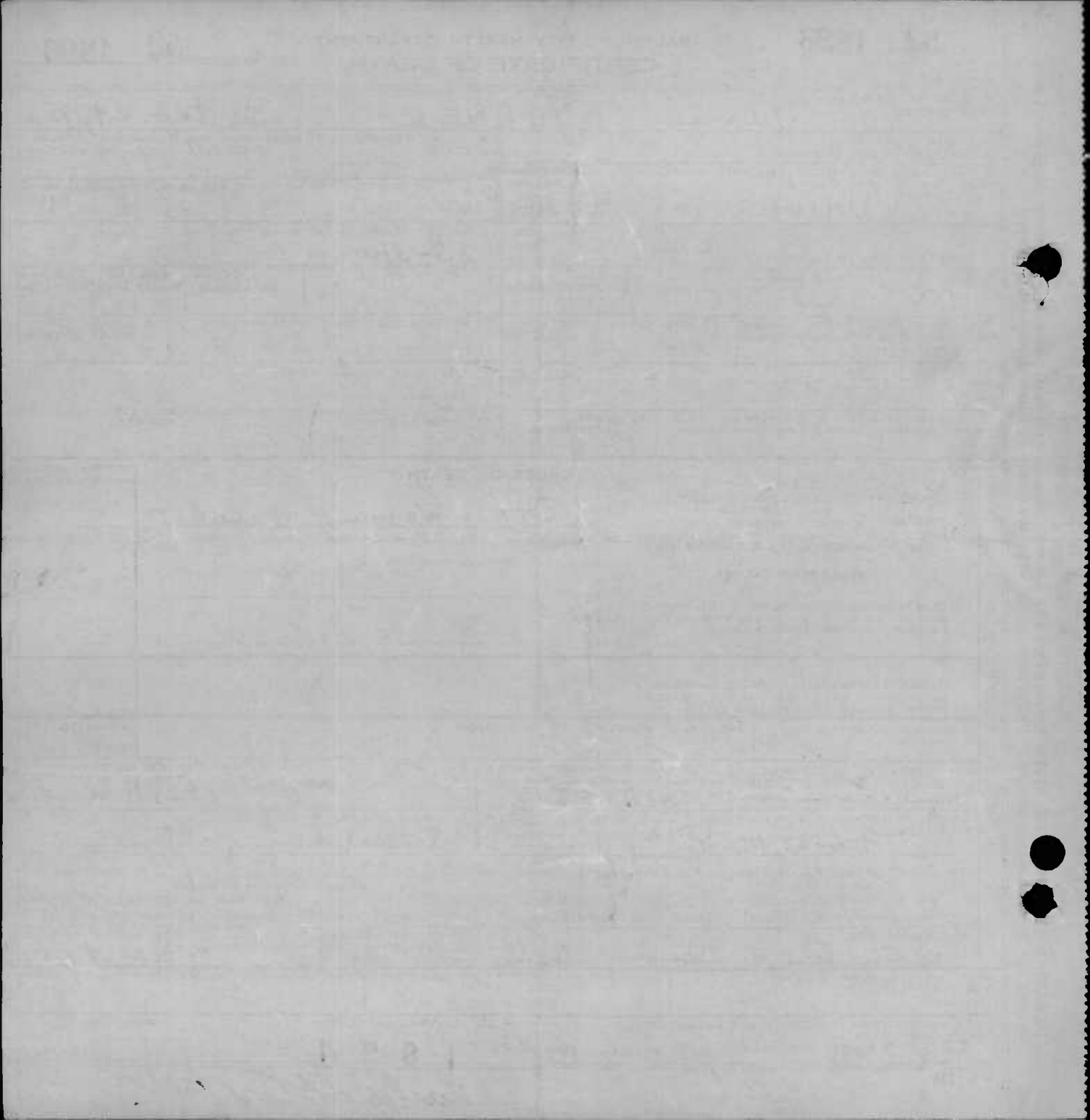
1700 ...

mt audubon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1896		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 1896	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
James TURNER			Feb 24, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			a. STATE		
UNIVERSITY HOSP			MARYLAND		
c. Length of stay in Baltimore			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
LIFE			BALTIMORE		
5. SEX			d. STREET ADDRESS (If rural, give location)		
M			2043 HARLEM AVE		
6. COLOR OR RACE			8. DATE OF BIRTH		
C			11/24/1916		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
SEPARATED			35		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
STEVEDORE			BALTIMORE, MD.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
SHIP WORKER			U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
JERRY TURNER			SUSIE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
NO			217-05-3803		
17. INFORMANT			ADDRESS		
MABEL TURNER (W)			1719 Madison Av		
18. E982x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
(A) STAB WOUNDS OF CHEST				INTERVAL BETWEEN ONSET AND DEATH	
DUE TO					
19. ANTECEDENT CAUSES				(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		STREET		In front of 523 N Fremont Ave	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
Feb-23, 1952 11:30 PM				Stabbed during altercation	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED	
Stanley N. Dineen, M.D.				Feb 24, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
BURIAL		2/28/52		MT. AUBURN CEMETERY BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 27 1952		Huntington Williams, M.D.		CHAS. S. COOPER-512 CARROLLTON AV.	
VS 151 N 862.3 94055 Charles S Cooper 167					



2-164

Acc Room - Released to undertaker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 1897

Registered No. 52 1897

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary

Zeberlein

2. DATE
OF
DEATH

FEB 24 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Balt.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5300

D. STREET ADDRESS (If rural, give location)

3 Riverside Road, Eng

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

4/12/1887

9. AGE (In years

last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Swartz

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

THE JOHNS HOPKINS HOSPITAL

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

1 hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Atherosclerosis disease of vessels

10 years

DUE TO

(C)

Diabetes Mellitus

20 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19-45, 1945 to Feb 24, 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marie G. Jacobs

M. O.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2-28-52

24C. NAME OF CEMETERY OR CREMATORY

St Joseph Cemetery

24D. LOCATION (City, town, or county)

Tullerton Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

James P. Buehler 1407 Eastern Ave

ADDRESS

NOT A MEMBER OF THE
S. H. Decker M.D.
CHIEF OR ASST. MEDICAL EXAMINER

NOT A MEMBER OF THE
CHIEF OR ASST. MEDICAL EXAMINER M.D.

52 1898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1898

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL SHEA

2. DATE
OF
DEATH

2-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 12 1870

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barrel-Wagon

10B. KIND OF BUSINESS OR
INDUSTRY

Not Known

13. FATHER'S NAME

James Shea

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Bridget Mc Dooy

17. INFORMANT

ADDRESS

Helen Coughlin 2920 Sylvan ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Arteriosclerosis
Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-24-52, 1952, to 2-26-52, 1952, that I last saw the
deceased alive on 2-26-52, 1952, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline St. - 13

23C. DATE SIGNED

2-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

St. John Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

3001 Kentucky Ave

FEB 27 1952

VS 150

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1880
STATE OF NEW YORK
COUNTY OF ...
IN SENATE
JANUARY 1880
REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE
MAY 1879
ALBANY: J. B. LIPPINCOTT & CO. PRINTERS.
1880

52 1899

52 1899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine M. Muller

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-07

D. STREET ADDRESS (If rural, give location)

10 S. Monastery Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 12 1889

9. AGE (In years

last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Maryland Balto.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James McCarron

14. MOTHER'S MAIDEN NAME

Mary Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Phillip A. Muller 10 S. Monastery

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardio-Vascular Disease

DUE TO Intermittent

Cardiac Failure

(B) Bacterial Pneumonia

DUE TO

(C) Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 7/23, 1952, to 7/26, 1952, that I last saw the
deceased alive on 7/23, 1952, and that death occurred at 10:26 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Geo H. Lenz Jr.

M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

7/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

Huntington Williams

1899

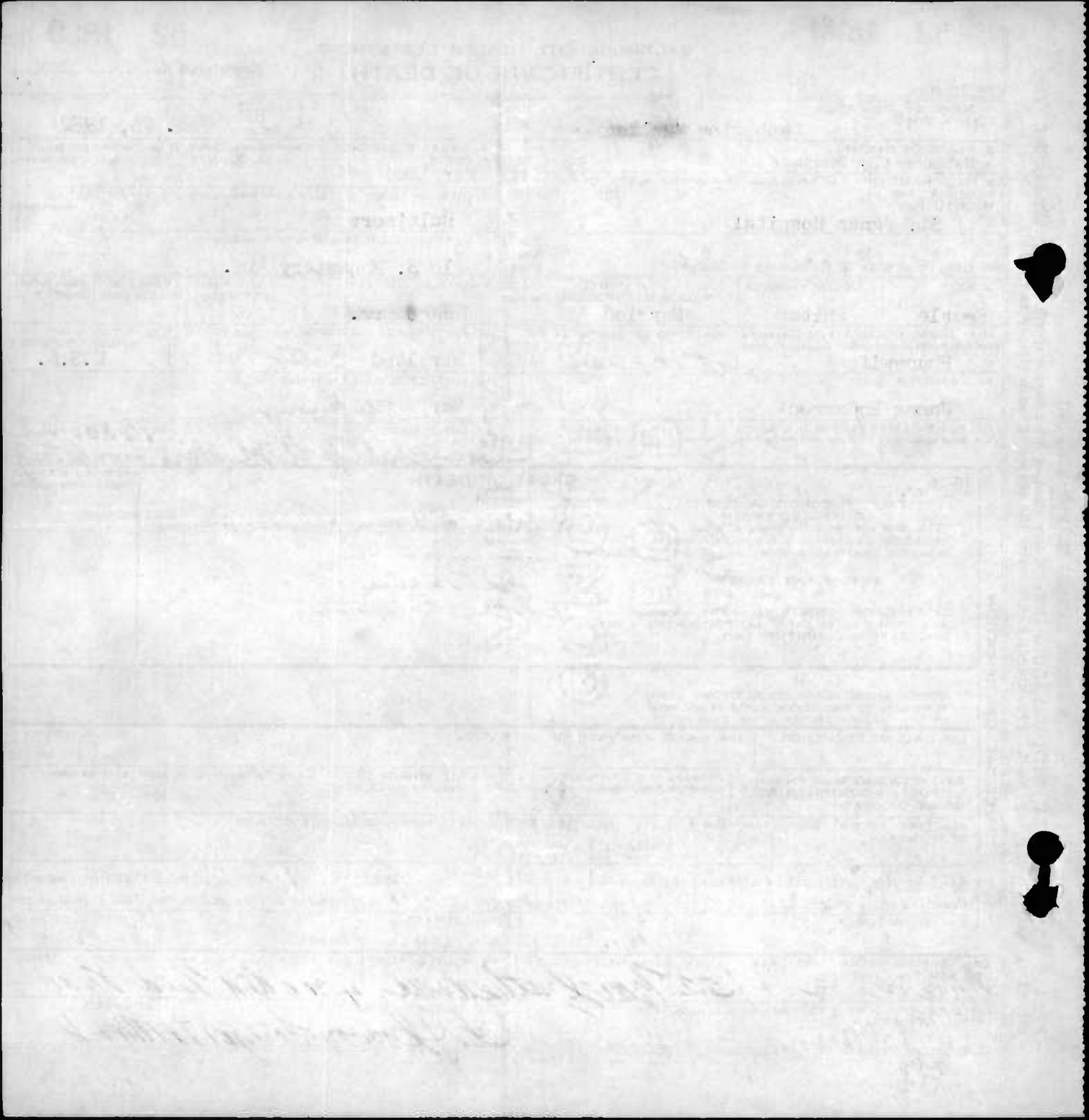
108

VS 150

108

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



52 1900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1900

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eatherine M. Walsh

2. DATE
OF
DEATH

25 Feb 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1200 Valley St

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

70 Little Sisters of the Poor

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Michael Reilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

June 5th 1864

9. AGE (In years last birthday)

87

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary M. E. O'Leary

17. INFORMANT

Muscula V. Sharp 445 Whitfield Rd

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1952, to Feb 25, 1952; that I last saw the deceased alive on Feb 25, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall M.D.

23B. ADDRESS

16312 North Ave

23C. DATE SIGNED

2/26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/29/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cym

24D. LOCATION (City, town, or county)

4700 Old Frederick Rd

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. Gell Hall

ADDRESS

901 Hollands St

VS 150

930

100-24465

BOND

CONCRETE

VALLEY



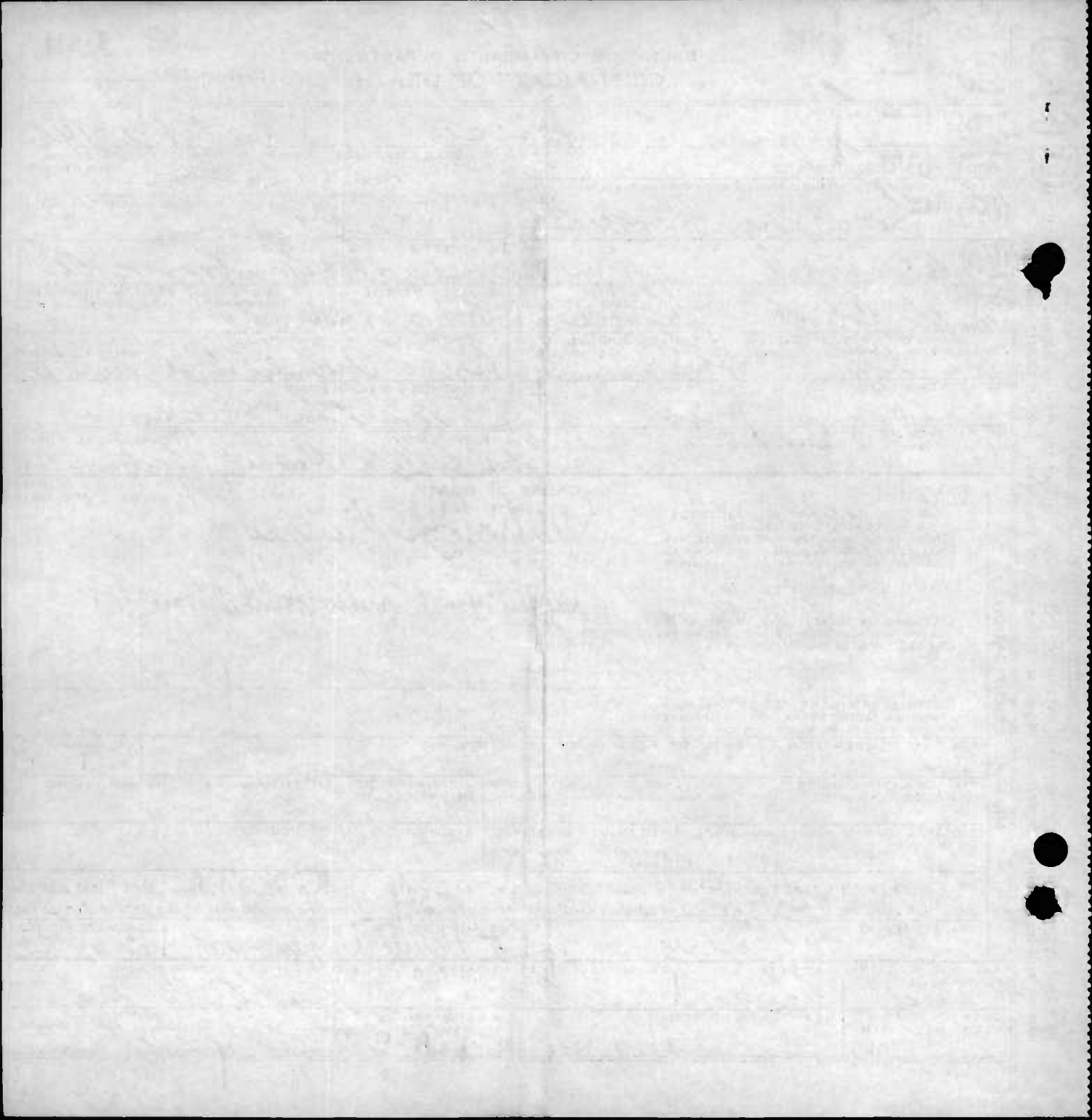
52 1901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1901

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James E. Jones</i>		2. DATE OF DEATH <i>Feb. 23, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2208 Lynbrook Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-04</i>			
c. Length of stay in Baltimore <i>1 year</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2208 Lynbrook Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct. 2, 1870</i>	9. AGE (In years, last birthday) <i>81</i>	If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cutter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Port. Family</i>		11. BIRTHPLACE (State or foreign country) <i>Anne Arundel Co. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. C.</i>		13. FATHER'S NAME <i>Thomas Jones</i>		14. MOTHER'S MAIDEN NAME <i>Martha Bias</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>2208 Lynbrook Ave.</i> <i>Mrs. Estelle Howard</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Mitral Insufficiency</i>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>85 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardio Renal Disease</i>		(B) DUE TO		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) ...			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-1-51</i> , to <i>2/23/52</i> , that I last saw the deceased alive on <i>2/23/52</i> , and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edith Maloney</i>		23B. ADDRESS <i>57 Winters Lane-28</i>		23C. DATE SIGNED <i>2-26-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 27, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	
24D. LOCATION (City, town, or county) (State) <i>Bald. Co. Md.</i>		25. FUNERAL DIRECTOR <i>W. L. General</i>		ADDRESS <i>W. L. General</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>B 27 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. L. General</i>	



Med. Exp Case - Released to Hosp for Burial

52 1902

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1902

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Luella Booz

2. DATE
OF
DEATH

Feb 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

33 THE JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

D. STREET ADDRESS (if rural, give location)

1500 W. Laureate St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Adenocarcinoma ovary
with metastases

2 MO.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 2-25-1952 to 2-25-1952, that I last saw the
deceased alive on 2-25-1952 and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert E. L. Herbert Jr. M. D.

THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar 1, 1952

Oak Hill

Calverton Cr. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

Huntington, William

Wallace Funeral Home

1600 10th St. Annapolis

VS 150

49a

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

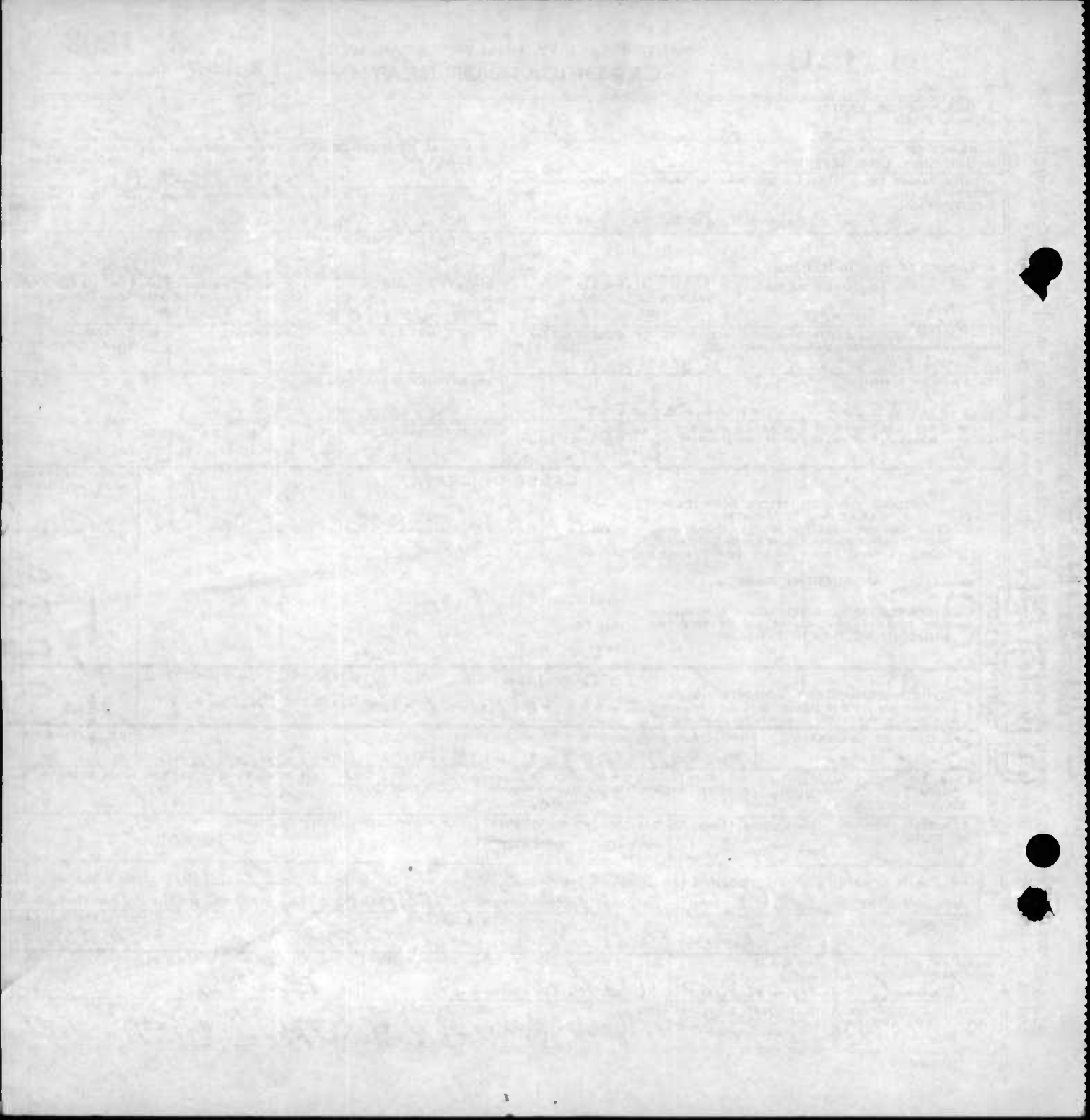
B-523

52 1903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1903
Registered No.

BIRTH NO.			2. DATE OF DEATH 2/25/52		
1. NAME OF DECEASED (Type or Print) John Bimostefer			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
3. PLACE OF DEATH: A. Baltimore City, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk		
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hospital			D. STREET ADDRESS (If rural, give location) 3040 Liberty Parkway		
c. Length of stay in Baltimore			8. DATE OF BIRTH Feb. 26, 1888		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) 63	10. Under 1 Year 11	10. Under 24 Hours 29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer			11. BIRTHPLACE (State or foreign country) Md.		
10B. KIND OF BUSINESS OR INDUSTRY Railroad			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Lawrence Bimostefer			14. MOTHER'S MAIDEN NAME Mary Benes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 213-07-6303		
17. INFORMANT Hospital Records			ADDRESS		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Myocardial Infarction DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intrahepatic obstructive jaundice evisceration Abdominal Incision			INTERVAL BETWEEN ONSET AND DEATH 12 hrs 1 month 3 days		
19A. DATE OF OPERATION 2/14/52			19B. MAJOR FINDINGS OF OPERATION No extra hepatic Biliary Obstruction		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/10/52, 19, to 2/25/52, 19, that I last saw the deceased alive on 2/25/52, and that death occurred at 11:25 P. M., from the causes and on the date stated above.					
23A. SIGNATURE J. W. Mitchener Jr.			23B. ADDRESS Church Home		23C. DATE SIGNED 2/25/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 28/52	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
			25. FUNERAL DIRECTOR Tuller Funeral Home		
			ADDRESS 2112 Dundalk		



M-320
52 1904BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1904
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY J. MATTES

2. DATE
OF
DEATH Feb. 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4212 Parkside Drive

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-02D. STREET ADDRESS (If rural, give location)
4212 Parkside Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

June 21, 1894

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Electric Co.,

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

August Mattes

14. MOTHER'S MAIDEN NAME

Anna Ulrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Naomi Cook 4212 Parkside Drive

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO(B) ...
DUE TO

(C) ...

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LASTII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21-52, to 2-24-52, that I last saw the
deceased alive on 2-24-52, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 27, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Colgate, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952
VS 150

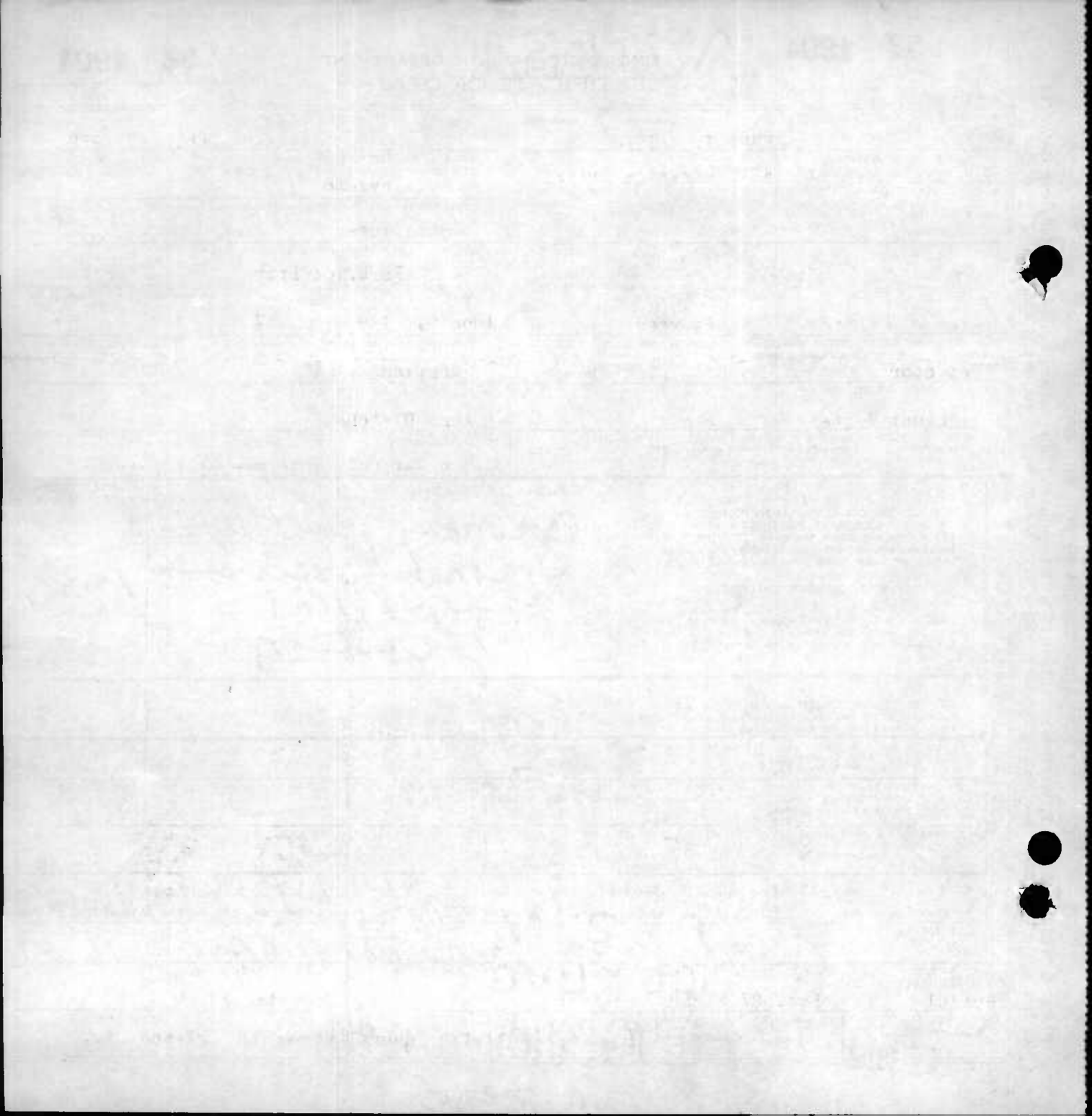
Huntington Williams, M.D. 2006 Orleans St.,

5335E

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-25028

1. NAME OF DECEASED
(Type or Print)

MADELY MAE GLUTH

2. DATE
OF
DEATH

Feb 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-10

D. STREET ADDRESS (If rural, give location)

420 N. BOULDIN ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

OCT. 23-1951

9. AGE (in years
last birthday)

4

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM GLUTH

14. MOTHER'S MAIDEN NAME

LYDIA M. KALING

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

LYDIA GLUTH 420 N. BOULDIN

18.

525 X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunlacher

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 27-1951

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

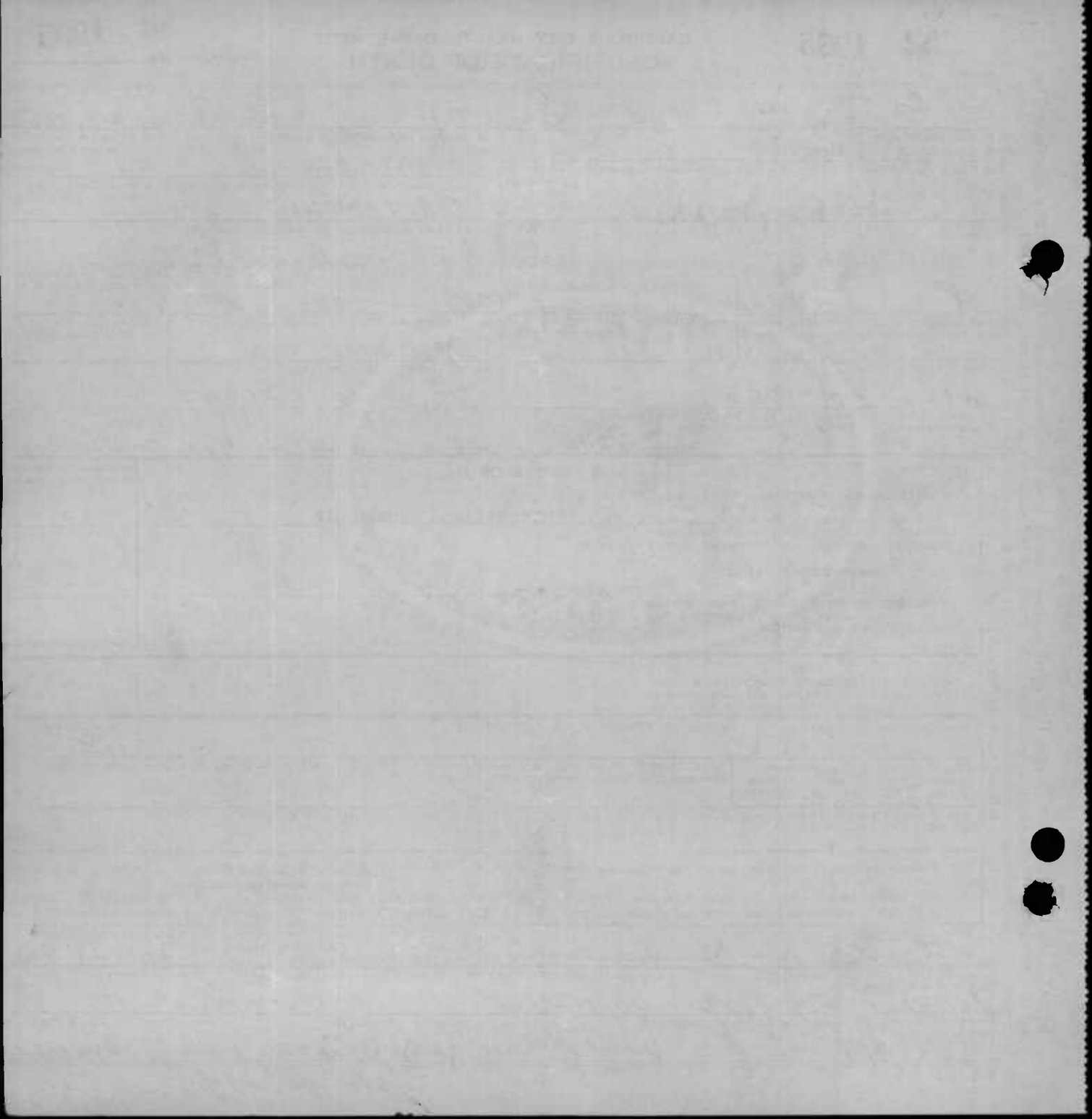
FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ULGRAD OF 3400 HOME OBLEANS



52 1906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET STETTER

2. DATE
OF
DEATH Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 416 S. Clinton St.,

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

416 S. Clinton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 6, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard J. Wissner

14. MOTHER'S MAIDEN NAME

Mary Kohlepp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Miss Marie Stetter 416 S. Clinton St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOChronic myocarditis &
myocardial degeneration

4-6 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST(B)
DUE TO

Coronary arteriosclerosis

Unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1961, to Feb. 24, 1952, that I last saw the
deceased alive on Feb. 24, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry A. O'Heary

23B. ADDRESS

M. D. 2504 St. Paul St.

23C. DATE SIGNED

2/26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Colgate, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

FEB 27 1952

VS 150

1 9 0 4

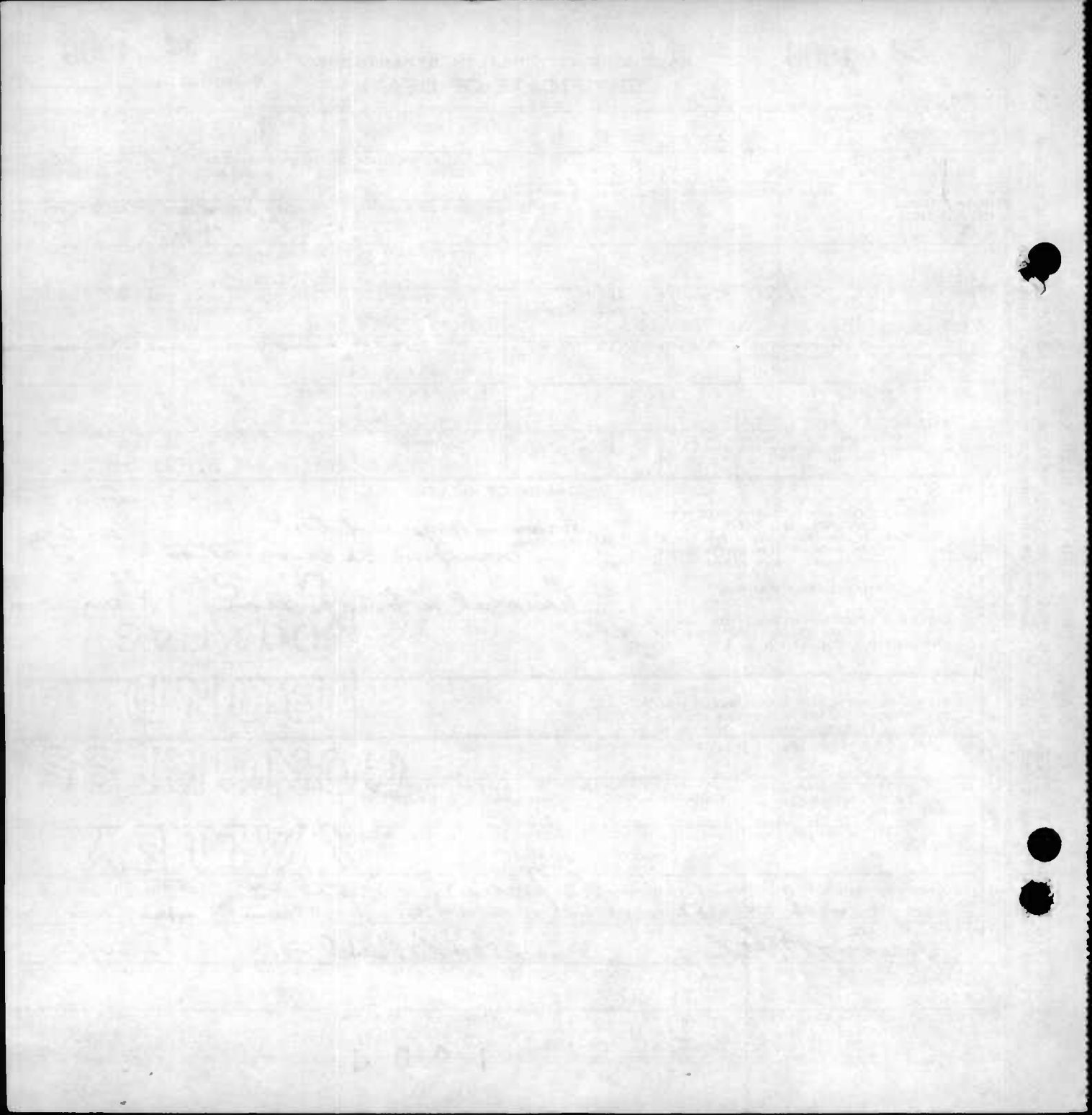
93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

S-336



S-365
1907

STRUNZ
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1907

Registered No. 8

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		EILEY P. STRUNZ		2-25-52	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE MD. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		BALTIMORE 25-43			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		YIP WILCOMIE			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
			12-17-77	77	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
CHICKEN		MD. GLASS CO		Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
YAK		Chuk			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
No				Family - SAME	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Crown Thrombosis		2 days	
ANTECEDENT CAUSES		(B) Arteriosclerosis C.U.D.		2 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
					YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951, to Feb 25, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 7 1/2 m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Chas. Schumfeld		2301 Carnegie Bld		2/26/52	
24A. BURIAL CREMATION. REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
B.		2-28-52		C. Hill	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR			
BALTIMORE		J. E. Fontana			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS	
FEB 27 1952		Huntington Williams, M.D.		409 E. E. Fontana	

VS 150

J. E. Fontana 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
COLOR
RELIGION
OCCUPATION
EDUCATION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
COLOR
RELIGION
OCCUPATION
EDUCATION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
COLOR
RELIGION
OCCUPATION
EDUCATION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

NAME OF DECEASED
RESIDENCE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE AT DEATH
SEX
COLOR
RELIGION
OCCUPATION
EDUCATION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BROWN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1908

BIRTH NO. 67-24317

1. NAME OF DECEASED
(Type or Print)

Baby Mire Brown, Berta

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 14 Lane House 48

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

769 19th St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Brown

14. MOTHER'S MAIDEN NAME

Louise Ownes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) chronic atelectasis

4 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) prematurity

4 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 12-15, 1951, to 2-25, 1952, that I last saw the deceased alive on 2-25, 1952, and that death occurred at 10:58 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Appleby

M. D.

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

VS 150

159

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

10-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1909
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charissa Wright

2. DATE
OF
DEATH

Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 17

D. STREET ADDRESS (If rural, give location)

1624 McKean Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5 SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Heart Disease
DUE TO E congestive failure

8 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic lymphoid leukemia

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 2-21-1952 to 2-23-1952, that I last saw the
deceased alive on 2-23-1952 and that death occurred at 2:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Carol M. Johnson

JOHNS HOPKINS HOSPITAL

2/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

Huntington Williams

Mrs Kate Williams

322 N. Schwan St

John Joseph's death certificate
2 completed pages

5 in small handwriting

2/1/15

John J. Joseph

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1910

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS

2. DATE
OF
DEATH

2-22-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

PROVIDENT HOSP. & FREE DISPENSARY

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1627 McCulloch St.

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug. 29, 1887

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES LEMONS

14. MOTHER'S MAIDEN NAME

Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

STAFF

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE HEART DISEASE

DUE TO

(C)

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27-1952, to 2-22-1952, that I last saw the
deceased alive on 2-22-1952, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Rudolph A. Reid

M. O.

23b. ADDRESS

Providence Hosp.

23c. DATE SIGNED

2/23/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Feb. 27, 1952

24c. NAME OF CEMETERY OR CREMATORY

Arcturus Memorial

24d. LOCATION (City, town, or county) (State)

Arcturus

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

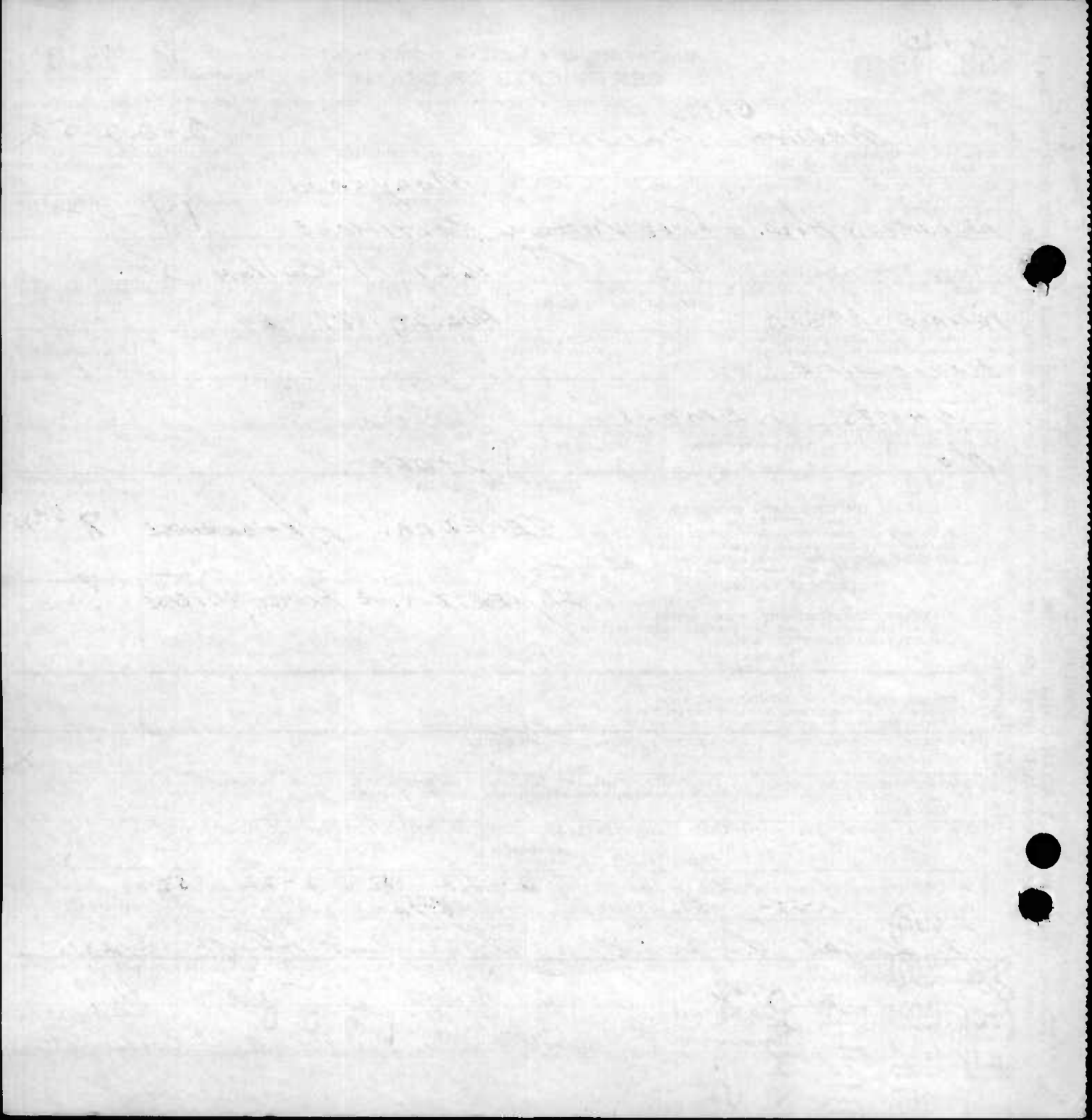
Huntington Williams

25. FUNERAL DIRECTOR

Katie R. Williams

ADDRESS

322 N. Schroeder St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1911

BIRTH NO. 52 1911

1. NAME OF DECEASED
(Type or Print)

Maurice Delly

2. DATE
OF
DEATH

2/24/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

709 N. Fulton Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

709 N. Fulton Ave. #17

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

001.13.1951

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Delly

14. MOTHER'S MAIDEN NAME

Daisy Peaks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Daisy Delly 709 N. Fulton Ave

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hyperthermia

DUE TO

c. 14 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-24, 1952 to 2-24, 1952 that I last saw the deceased alive on 2-24, 1952 and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John S. Metcalf Jr.

M. D.

23B. ADDRESS

2407 Elsinor Ave.

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

Huntington Williams, 3224

CERTIFICATE OF DEATH

CAUSE OF DEATH

1. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

2. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

3. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

4. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

5. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

6. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

7. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

8. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

9. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

10. I hereby certify that the above is a true and correct statement of the cause of death of the deceased.

M-620
52 1912

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1912

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Meyers

2. DATE
OF
DEATH

2-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2416 Maryland Ave

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8-30-1880

9. AGE (In years last birthday)

71

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Barnard Meyers

14. MOTHER'S MAIDEN NAME

Mary Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

466-10-8591

17. INFORMANT

Daughter

ADDRESS

above

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia, both lungs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebrovascular accident

(C) DUE TO

Arteriosclerotic Cerebrovascular disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27-1952, to 2-26-1952, that I last saw the deceased alive on 2-26-1952, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

23B. ADDRESS

Union Memorial Hosp. Baltimore & Maryland

23C. DATE SIGNED

Feb 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 29-1952

24C. NAME OF CEMETERY OR CREMATORY

Poplar Cemetery

24D. LOCATION (City, town, or county)

Harren Balto Co Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Frank A. Leitz 814 N 36th St

ADDRESS

VS 150

57424

93D

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1913**

BIRTH NO. **52 1913**

1. NAME OF DECEASED (Type or Print) LEONARD RICE (RYCHWALSKI)			2. DATE OF DEATH February 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 6-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 101 N. Wolfe Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6-25-1899	9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
10B. KIND OF BUSINESS OR INDUSTRY American Smelting			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Stanislaus Rychwalski			14. MOTHER'S MAIDEN NAME Barbara Pietrowicz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			17. INFORMANT ADDRESS Mrs. Anna DeMarco 3227 Fait Ave.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease with decompensation		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William S. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 25, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-28-1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS John G. Duda, Inc. 2829 Hudson St.	

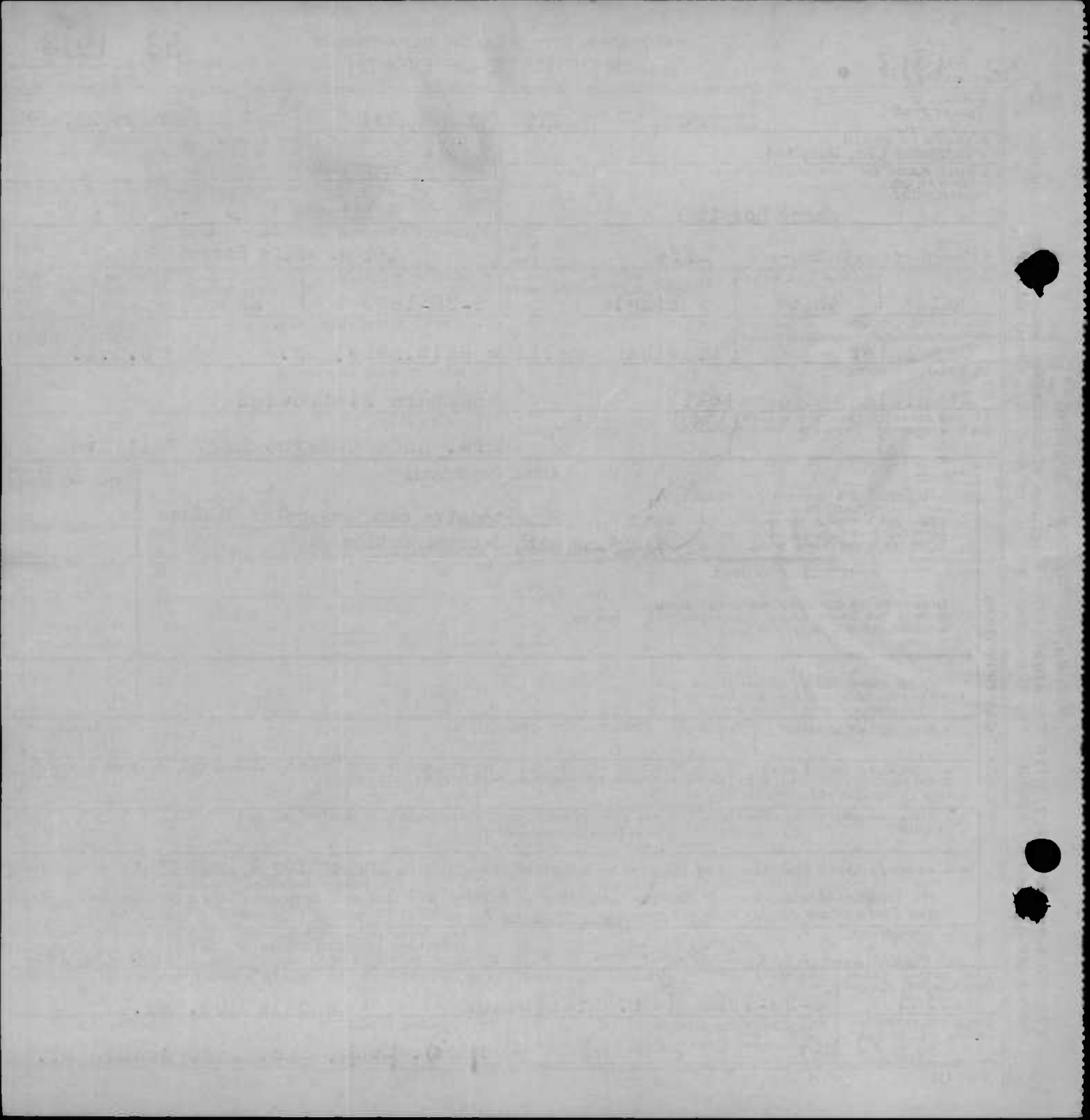
VS 151

57024

93D ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1914**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johanna Kohlepp

2. DATE OF DEATH **2-25-1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore Essex**

B. FULL NAME OF HOSPITAL OR INSTITUTION

617 South Kenwood Ave.

D. STREET ADDRESS (If rural, give location)

602 North Stewart St.

C. Length of stay in Baltimore

29 Years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-4-1922

9. AGE (In years last birthday)

29

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Milford Rostkowski

14. MOTHER'S MAIDEN NAME

Caroline Siekierski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Caroline Rostkowski 2613 Fleet

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary tuberculosis**
DUE TO

9 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 1945**, to **Feb. 25, 1952** that I last saw the deceased alive on **Feb. 25, 1942**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Bayan I Siegel

23B. ADDRESS

15 Greenwood Rd. Balt. 8th

23C. DATE SIGNED

2-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-29-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Dundalk Ave. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. O'Dup 2 Inc. 2829 Hudson St.

VS 150

13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

BRITISH COLUMBIA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased: _____
2. Sex: _____
3. Age: _____
4. Date of birth: _____
5. Date of death: _____
6. Place of death: _____
7. Cause of death: _____
8. Signature of physician: _____
9. Signature of registrar: _____
10. Date of registration: _____

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52** 1915

K-340
52 1915
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM FRANKLIN KIDWELL.			2. DATE OF DEATH 25 Feb 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto Md			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY Balto City	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3104 Savoy St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 25-42	
C. Length of stay in Baltimore 2 years			D. STREET ADDRESS (If rural, give location) 3104 Savoy St	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 25, 1883	9. AGE (in years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10B. KIND OF BUSINESS OR INDUSTRY auto	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Kidwell			14. MOTHER'S MAIDEN NAME Orpha Shipley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS Wife - Bella Kidwell - 3104 Savoy St	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Heart Failure DUE TO CAUSE OF DEATH Heart Failure INTERVAL BETWEEN ONSET AND DEATH 6 months		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis heart disease 2 years DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION none	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? none
22. I hereby certify that I attended the deceased from 1 Jan , 1950, to 25 Feb , 1952, that I last saw the deceased alive on 25 Feb , 1952, and that death occurred at 130 P. M. , from the causes and on the date stated above.		
23A. SIGNATURE William Goodman	23B. ADDRESS 1334 Sulphur Spring Rd	23C. DATE SIGNED 25 Feb 52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 28, 1952	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		25. FUNERAL DIRECTOR ADDRESS Joseph T. [unclear] 1328 Sulphur Spring Rd.
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952		
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		

Print

of copies to receive this

from the

bottom of the

of the

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52** **1916**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa M. Brightman

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

1613 Division St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)
1613 Division St.

c. Length of stay in Baltimore

Life

5. SEX

F

C

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 22, 1882

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alonzo Matthews

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Wm Dabney 575 Presstman St.

18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **arteriosclerotic heart disease**

6 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

generalized arteriosclerosis

6 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1949**, 19, to **2.26**, 1952, that I last saw the deceased alive on **2.25**, 1952, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

James D. Carr

23B. ADDRESS

1427 Madison Ave

23C. DATE SIGNED

2.27.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/28/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus, Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

937

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Her car

140 Madison Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1917

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SADIE

WRIGHT

2. DATE
OF
DEATH

February 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (if not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7/4/1909

9. AGE (in years
last birthday)

42 43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wash D. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Liza Morrison 1367 N. S. Stricker St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wright

23B. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Feb. 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/1/52

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

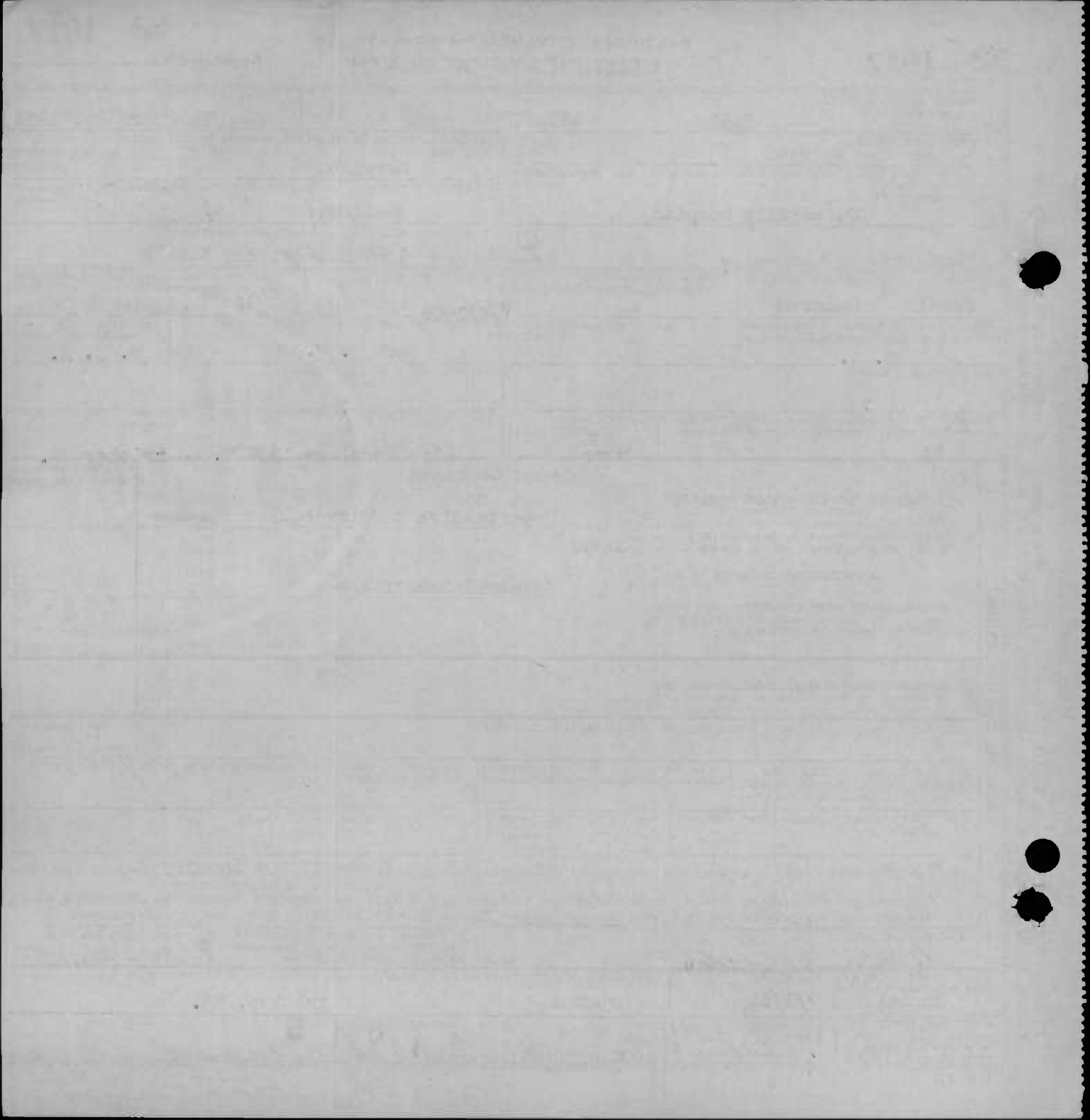
Geo. W. Nelson

ADDRESS

93D

VS 151

1303 Presstman St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1918

BIRTH NO. 700

1. NAME OF DECEASED
(Type or Print)

BERTHA

ROSS

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

909 N. Arlington Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

6/11/1924

9. AGE (In years last birthday)

27

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Walter Gibson

14. MOTHER'S MAIDEN NAME

Dora M. Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Dora Watson 909 N. Arlington Ave.

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced pulmonary tuberculosis**

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Harrison

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Nelson 1303 Presidian St.

ADDRESS

Geo. G. Nelson

1312

V S 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8101 82

RECEIVED

8101

82

8101 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **52 1919**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Thomas Scott Fisher

 2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Balto. City Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1140 W. Hamburg St.,

c. Length of stay in Baltimore

**60 - Yrs.
Mos.
Days**

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

**WIDOWED, DIVORCED (Specify)
Married**

8. DATE OF BIRTH

Dec. 9, 1879

9. AGE (In years

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Government

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Fisher

14. MOTHER'S MAIDEN NAME

Mollie Grubbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Irona M. Fisher 1140 W. Hamburg

 18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Artery Disease
6 mo

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐

 NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **1946**, 19, to **2/25**, 19**52**, that I last saw the deceased alive on **2/24**, 19**52**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Kallen

M. D.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

2/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-28-1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Brooklyn

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952
Huntington Williams, M.D. G. Howard Strong 3207 W. North Ave.,

VS 150

51024
94a

Dr Edward L. Hallen

1837 W North Ave LA 4871

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUCHANAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1920

BIRTH NO. 51-14786

1. NAME OF DECEASED
(Type or Print)LESLIE
Steven Buchanan2. DATE
OF
DEATH

2/26/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)Maryland
Baltimore 1-01

C. Length of stay in Baltimore

89 weeks

D. STREET ADDRESS (If rural, give location)

2822 Dillon St

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

June 30, 1951

9. AGE (In years
last birthday)

8

10. Under 1 Year
Months: Days

8

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wilbert M. Buchanan

14. MOTHER'S MARDEN NAME

Gladys P. Packard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mother

ADDRESS

Dillon St

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

B. bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Emaciation

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Severe Anemia

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/26, 1952, to 2/26, 1952, that I last saw the
deceased alive on 2/26, 1952, and that death occurred at 6:22 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Karl J. Jamurski

M. D.

23B. ADDRESS

2411 Eastern Ave

23C. DATE SIGNED

2/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 29/52

24C. NAME OF CEMETERY OR CREMATORY

Morland Memorial Cem

24D. LOCATION (City, town, or county)

Dale Rd Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stephen J. Fialkowski, Inc.

ADDRESS

1000 S. 7th Ave

FEB 27 1952

VS 150

1881/82

Received of the
State of Indiana
the sum of \$100.00
for the year 1881/82

Total paid to the
State of Indiana

for the year 1881/82

the sum of \$100.00

for the year 1881/82

for the year 1881/82

for the year 1881/82

for the year 1881/82

for the year 1881/82

for the year 1881/82

for the year 1881/82

for the year 1881/82

for the year 1881/82

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1921

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLIOTT

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

GREENBERG

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3639 Wabash Avenue

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

male

white

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

owner

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

13. FATHER'S NAME

Morris

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

42

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Molly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annette Greenberg - James

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Bullet wound of head and abdomen

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

!!
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

restaurant

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1601 Madison Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 26, 1952 6:26 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

James H. Dunlacher M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Feb. 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-28-52

Rosedale

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

Huntington Williams & Son 2100 Eutan Rd

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 1922

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNARD Tilghman

2. DATE
OF
DEATH

2/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md B. COUNTY Anne Arundel before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

1008 Bpken Rd. 5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/10/1902

9. AGE (In years

last birthday) 50 4 8

M Under 1 Year

Months: Days

N Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Asst. Manager - Accounts

10B. KIND OF BUSINESS OR
INDUSTRY

GAS Electric Co

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Arteriosclerosis

DUE TO

duration

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1947 to 2/27, 1952 that I last saw the
deceased alive on 2/26, 1952 and that death occurred at 9¹⁵ A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 27 1952

Huntington Williams, M.D.

B.L. HIPPING & SON ANNAPOLIS, MD

VS 150

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94a

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 10/1/77

TO: THE ATTORNEY GENERAL

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 1923

BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATIE J. ENGLE			2. DATE OF DEATH FEB: 25/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3447 CATON AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3447 CATON AVE.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 6-13- 1870		9. AGE (In years last birthday) 81 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown JOHN WILDENSTEINER			14. MOTHER'S MAIDEN NAME ORDNUNG. WETZELDORF		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Fred Gross..3447 Caton Ave.		

18. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Hodgkins Disease	INTERVAL BETWEEN ONSET AND DEATH about 1 year
(A) DUE TO		

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan, 1951, to Feb 20, 1952 that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 1:05 P., from the causes and on the date stated above.

23A. SIGNATURE Abram Goldman	23B. ADDRESS 206 South Gilmer Street	23C. DATE SIGNED 2/ /1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB:28-1952	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND
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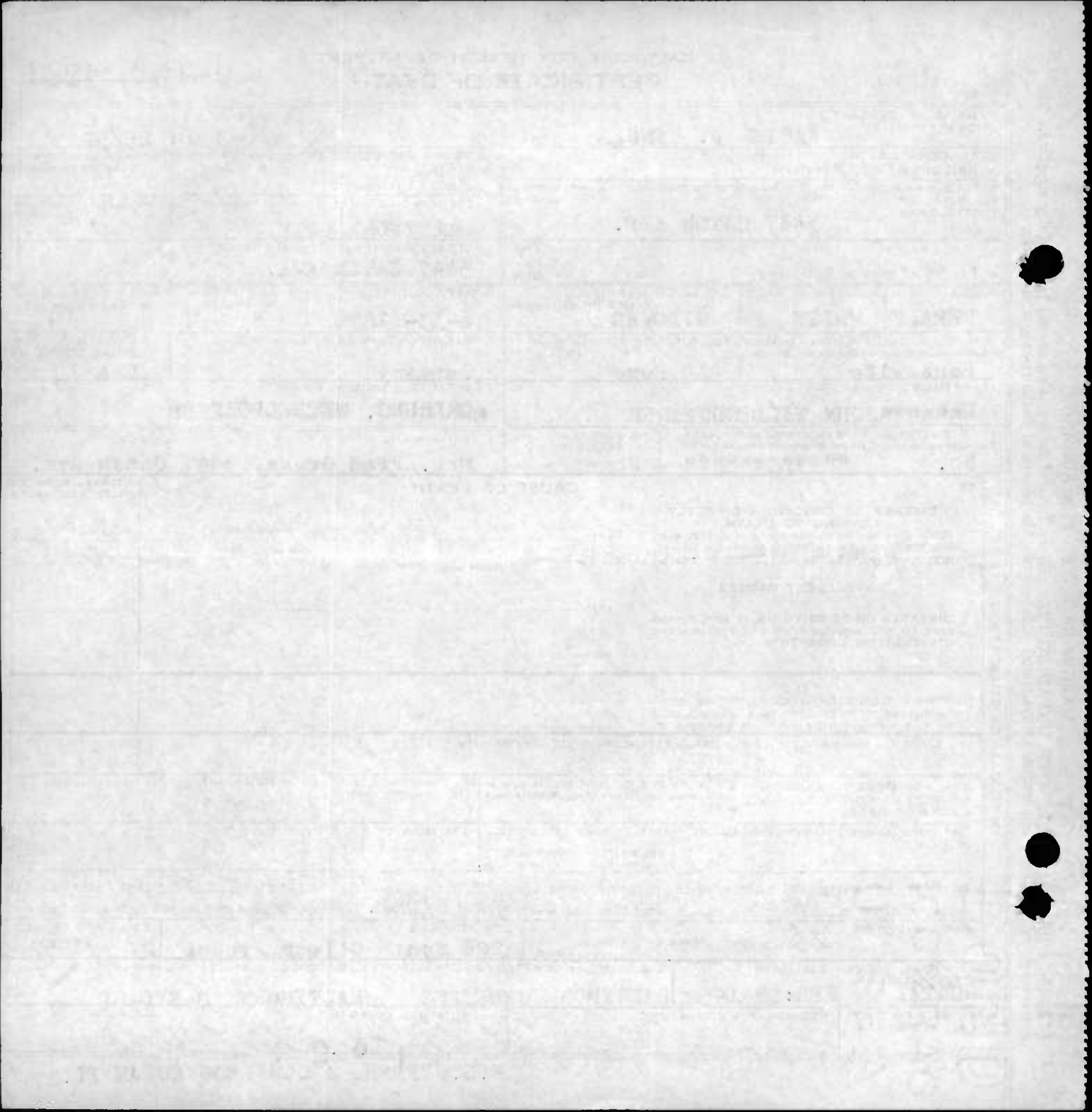
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS F.B. WIPPERT & SON 1300 EUTAW PL. 17
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FEB 27 1952

443

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

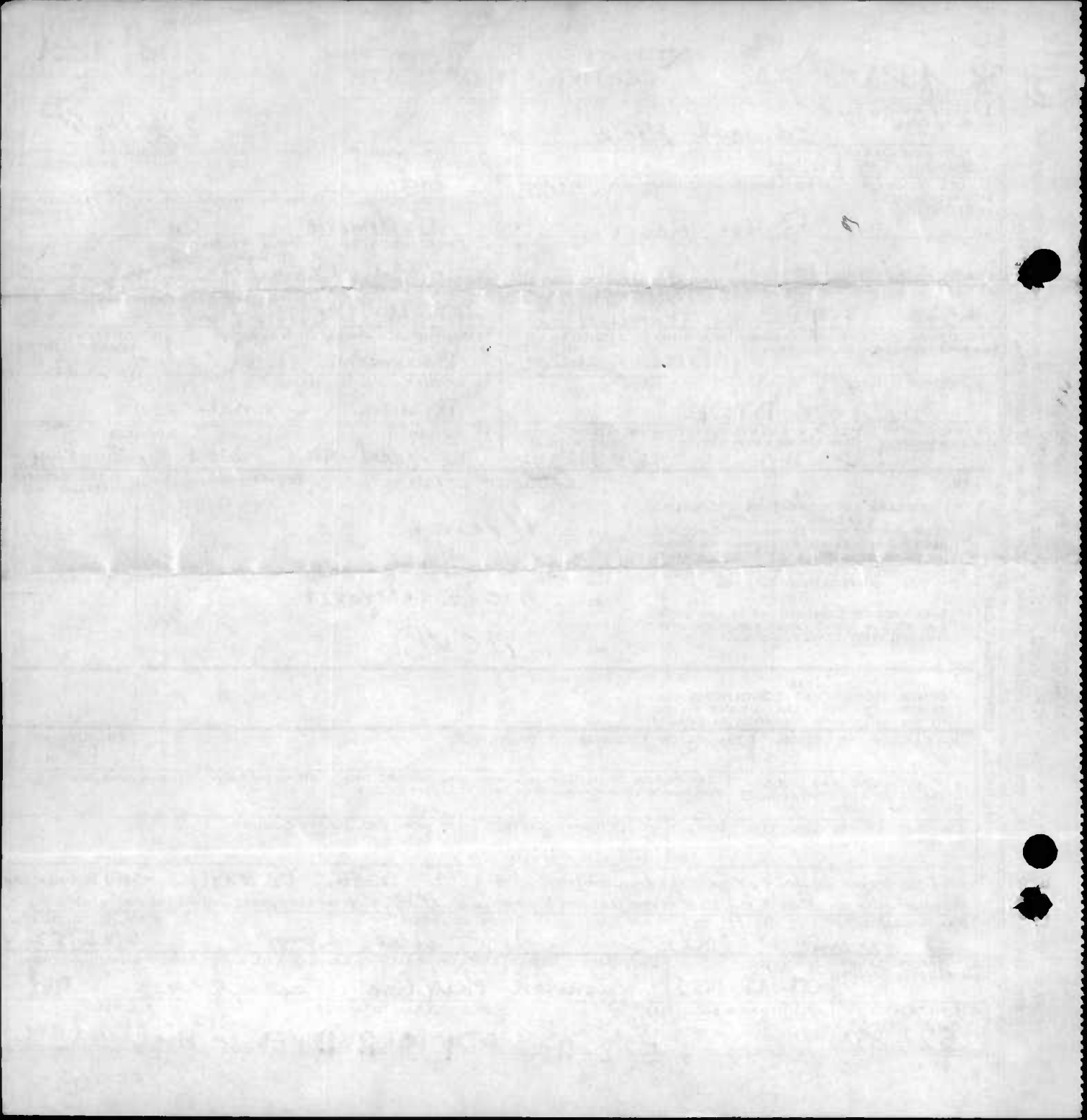


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1924

200
52 1924
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Nice			2. DATE OF DEATH 2/24/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) 42 Sinas Hosp			c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore			o. STREET ADDRESS (If rural, give location) 2202 Prentiss Place		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JAN. 20. 1887.	9. AGE (In years last birthday) 65.	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press. Operator			11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME MILTON NICE			14. MOTHER'S MAIDEN NAME Maria Connelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 215-02-3440	17. INFORMANT ADDRESS Margaret NICE 2202 Prentiss Place		
18. 442X CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Uremia					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Nephrosclerosis					
(C) ACVD					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2/		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 15, 1952 to Feb 24, 1952 that I last saw the deceased alive on Feb 24, 1952 and that death occurred at 10:15 m., from the causes and on the date stated above.					
23A. SIGNATURE Jerome Fledder		23B. ADDRESS Sinas Hosp		23C. DATE SIGNED 2/25/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Feb 28. 1952	24C. NAME OF CEMETERY OR CREMATORY London Park Cem		24D. LOCATION (City, town, or county) (State) Induct. ave. Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR ADDRESS WENDELL D. DOPPEL 312 S. Highland ave	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1925
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Estella Briggs			2. DATE OF DEATH Feb. 24, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1505 N. Calhoun St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
C. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1505 N. Calhoun St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 5/12/1898		9. AGE (In years last birthday) 53 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Frank Johnson			14. MOTHER'S MAIDEN NAME Susie Jason		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Annabell Cherring 1524 Baker St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Coronary Thrombosis (B) Essential hypertension (C) _____	INTERVAL BETWEEN ONSET AND DEATH 224 32 1 yr.
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**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 29, 1951 to Feb. 24, 1952 that I last saw the deceased alive on Feb. 23, 1952 and that death occurred at 3:00 P. M. from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 1523 and 1544		23C. DATE SIGNED 2-27-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/28/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS G. Nelson 3303 Presstman St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

In Pendleton

1700. Birch Hill are

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

B-200
52 1926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1926

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice H. Daugherty Buck

2. DATE
OF
DEATH

Feb. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Edgewood Nursing Home
INSTITUTION 6000 Bellona Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

637 W. North Ave.

C. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

March 17, ?

9. AGE (In years last birthday)

75 ?

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Rev. Thomas Daugherty

14. MOTHER'S MAIDEN NAME

Susan Catherine Rippey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sterling P. Buck 637 W. North Ave.

18. 420.0 and E903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Fracture Rt Hips Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Grandeur Arteriosclerotic Heart disease with Hypertension, and acute Coronal Decomposition

2 months

(C) DUE TO

CERTIFICATE APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture Rt Hips RSC Fisher

2 months

19A. DATE OF OPERATION

28 Jan 1952

19B. MAJOR FINDINGS OF OPERATION

Reduction fracture of Rt Hips - "killing" Operation

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)
at home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

635 West North Ave

3rd floor Apt.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan 18 1952 1:30 m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell on bathroom floor

22. I hereby certify that I attended the deceased from Jan 28, 1952, to 27 Feb, 1952, that I last saw the deceased alive on 26 Feb, 1952, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel L. Keenan

23B. ADDRESS

1938 Linden Ave

23C. DATE SIGNED

27 Feb 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Fred. Ave. Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John A. Matlack & Sons 1900 Eutaw Place

FEB 27 1952

VS 150

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MEDICAL CERTIFICATION

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 52 1927

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ivy Irene Shipley		2. DATE OF DEATH Feb. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1400 W. Lexington St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Aged Women's and Aged Men's Homes		C. CITY OR TOWN (If outside corporate limits, write R. H. L. and give township) Baltimore			
C. Length of stay in Baltimore 70 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1400 W. Lexington Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 10, 1868	9. AGE (in years last birthday) 83	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Lawrence		14. MOTHER'S MAIDEN NAME Eliza Rebbecca Litchfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT L.H. Read ADDRESS 1400 W. Lexington Street	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion, acute DUE TO Anticardiotonic Cardio-vascular disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
18. II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1949 , to February 25, 1952 that I last saw the deceased alive on Feb. 25, 1952 , and that death occurred at 3:04 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Newland Edward Day		23B. ADDRESS 4-E-33rd St -18		23C. DATE SIGNED February 26, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-28-52		24C. NAME OF CEMETERY OR CREMATORY Loudon PARK	
24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS Sykesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 27 1952		VS 150			

93D

1001 51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52** 1928

BIRTH NO. **200**
1928

1. NAME OF DECEASED
(Type or Print)

Harry Bussey

2. DATE
OF
DEATH

2/25/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

209 Greenwood Rd 5200

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 19, 1888

9. AGE (in years last birthday)

63

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

P.R. Engineer

10B. KIND OF BUSINESS OR INDUSTRY

B.O. P.R.

11. BIRTH PLACE (State or foreign country)

Anne Arundel Co, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John F. Bussey

14. MOTHER'S MAIDEN NAME

Emma Pass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude M. Bussey, 1211 E. North Ave.

18. *42011*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Artery Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. J. Schubert

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/25/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 28 1952

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn P.F.D. Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. J. Singleton, Glen Burnie, Md.

V S 151

54150

94a

✓

MARGIN RESERVED FOR FILING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

7800 SF

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF LAND MANAGEMENT

041 SF



18



52 1929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1929

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUGENE F. BRITT

2. DATE
OF
DEATH

FEB 23 - 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3703 HILLSDALE RD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

3703 HILLSDALE RD 28-41

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MARYLAND

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DEC 24 1891

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EUGENE F. HOOPES

14. MOTHER'S MAIDEN NAME

ANNIE P. COLLINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. DONALD BEITT 3703 HILLSDALE RD

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Metastasis of Spine
DUE TO Original Cancer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Breast
DUE TO Remained 1952

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cancer of Lung

19A. DATE OF OPERATION

1932

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Breast

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1951, to Feb 23, 1952, that I last saw the
deceased alive on Feb 23 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

R. P. Smith M. D.

23B. ADDRESS

4509 Liberty Hwy

23C. DATE SIGNED

Feb 23

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 27 - 52

24C. NAME OF CEMETERY OR CREMATORY

LORENAINE

24D. LOCATION (City, town, or county)

WOODLAWN MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. G. Gough

ADDRESS

4600 LIBERTY HTS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

1901

1901

WILLIAM H. HARRIS & COMPANY
BANKERS

VALLEY

COMPANIES

BOND

10% PER ANNUM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1930
Registered No.

BIRTH NO. 52-05224

1. NAME OF DECEASED
(Type or Print)

BABY GIRL HERSHBERGER

2. DATE
OF
DEATH

February 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

Kernan's Hospital Nurses Home

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Kernan's Hospital Nurses Home

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 4, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Miss Mary Ruth Hershberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 983X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to strangulation by

~~ligature.~~

ligature.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

nurses' home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

Windsor Mill Rd., Balto., Md.

Nurses Home of Kernan's Hospital

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 4, 1952 7 a.m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

strangled by stocking tied around neck

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. Gourd

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
February 5, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/25/52

24C. NAME OF CEMETERY OR CREMATORY

City Mausoleum

24D. LOCATION (City, town, or county) (State)

700 Fleet St

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

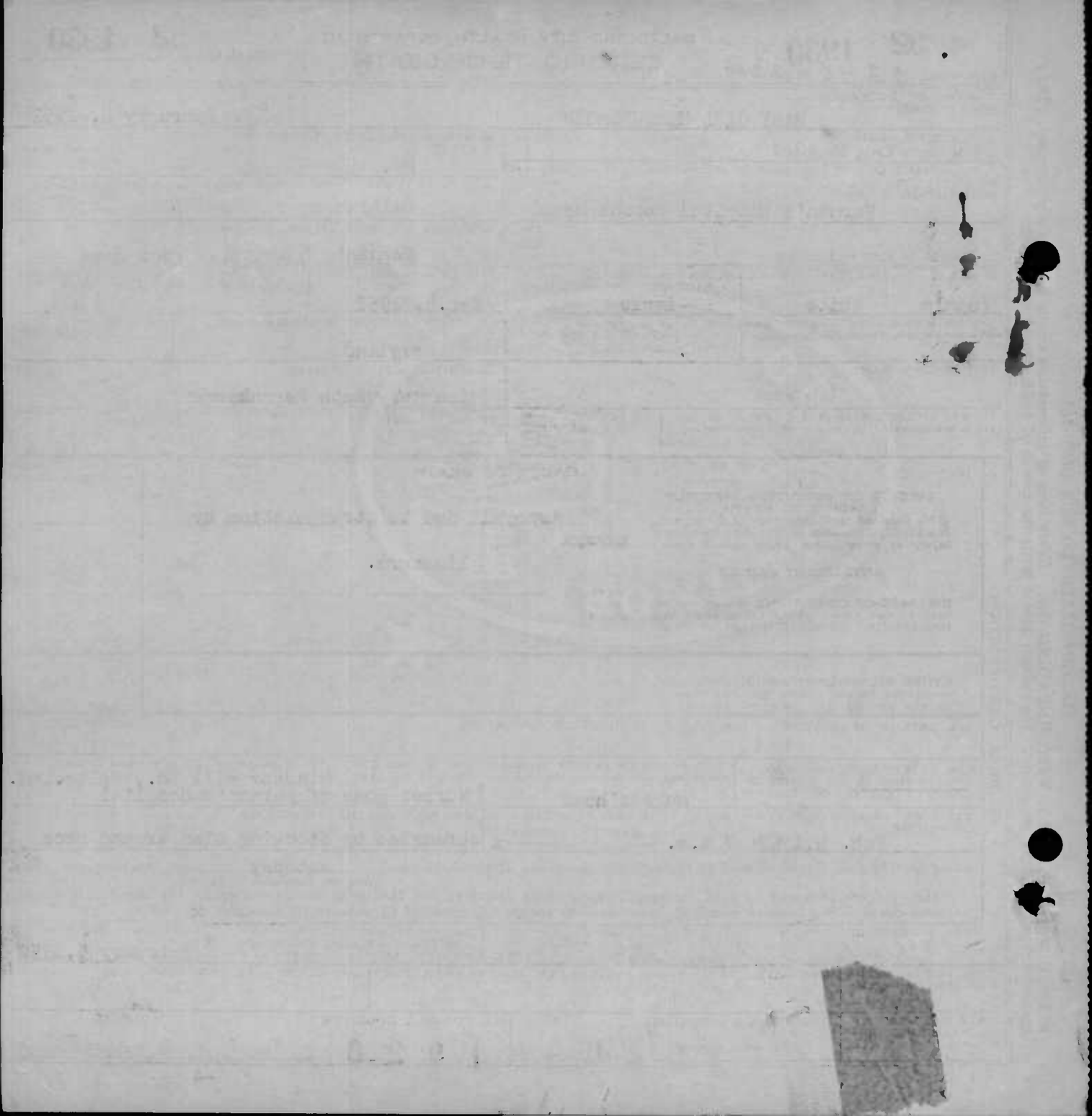
ADDRESS

R. O. Baker M.D. 700 Fleet St

V S 151

X 991.0

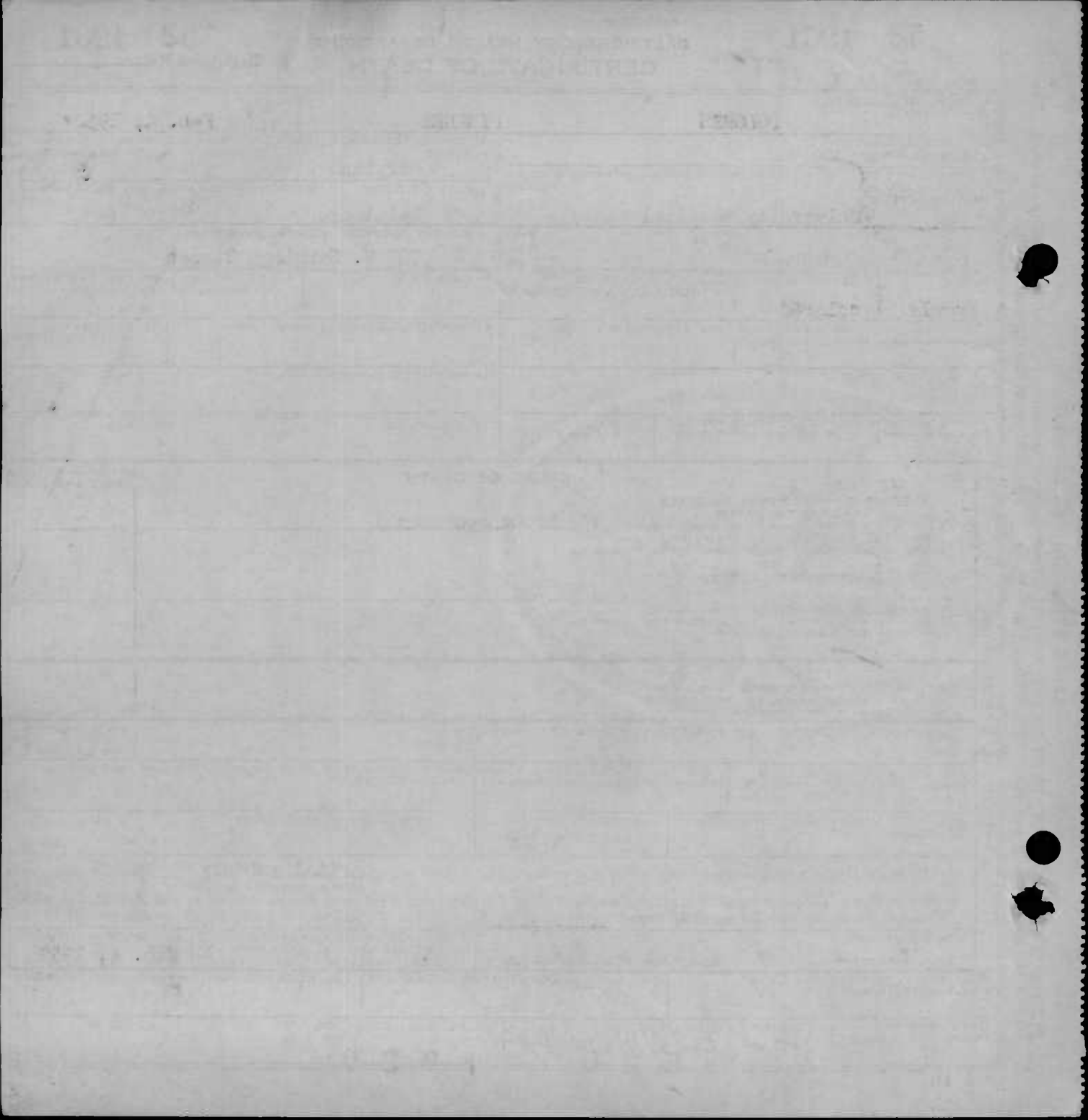
Cremated at 11:25-52 at 11:25 am 168



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1931
Registered No.52 1931
BIRTH NO. 51-13151

1. NAME OF DECEASED (Type or Print) DOLORES PINKNEY			2. DATE OF DEATH Feb. 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 707 W. Saratoga Street		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 7 mo.	10. Under 1 Year Months: Days 7 mo.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>Stanley K. Deane</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR	
23C. DATE SIGNED Feb. 4, 1952		23D. LOCATION (City, town, or county) (State)	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 2/20/52	
24C. NAME OF CEMETERY OR CREMATORY City Morgue		24D. LOCATION (City, town, or county) (State) 700 Fleet St.	
25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS 707 W. Saratoga Street	



H52 620 1932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1932

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICHARD HARRIS

2. DATE
OF
DEATH

Feb 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

303 N FULTON

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-01

D. STREET ADDRESS (If rural, give location)

303 N Fulton ave

c. Length of stay in Baltimore

2 1/2

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July - 1915

9. AGE (in years
last birthday)

35

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Body and Fender Worker

10B. KIND OF BUSINESS OR
(INDUSTRY)

11. BIRTHPLACE (State or foreign country)

Clinton S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard D. Harris

14. MOTHER'S MAIDEN NAME

Lula Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

P.

16. SOCIAL
SECURITY NO.

237-03-7452

17. INFORMANT

Maisy Harris 303 N. Fulton

ADDRESS

18. 023X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) LUTETIC AND RHEUMATIC

DUE TO HEART DISEASE

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Feb 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Shipped

24B. DATE

2-27-52

24C. NAME OF CEMETERY OR CREMATORY

Antioch Cem

24D. LOCATION (City, town, or county)

Clinton S.C.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 27 1952

REGISTRAR'S SIGNATURE

H. H. Harrison

25. FUNERAL DIRECTOR

J. H. Harrison

ADDRESS

2503

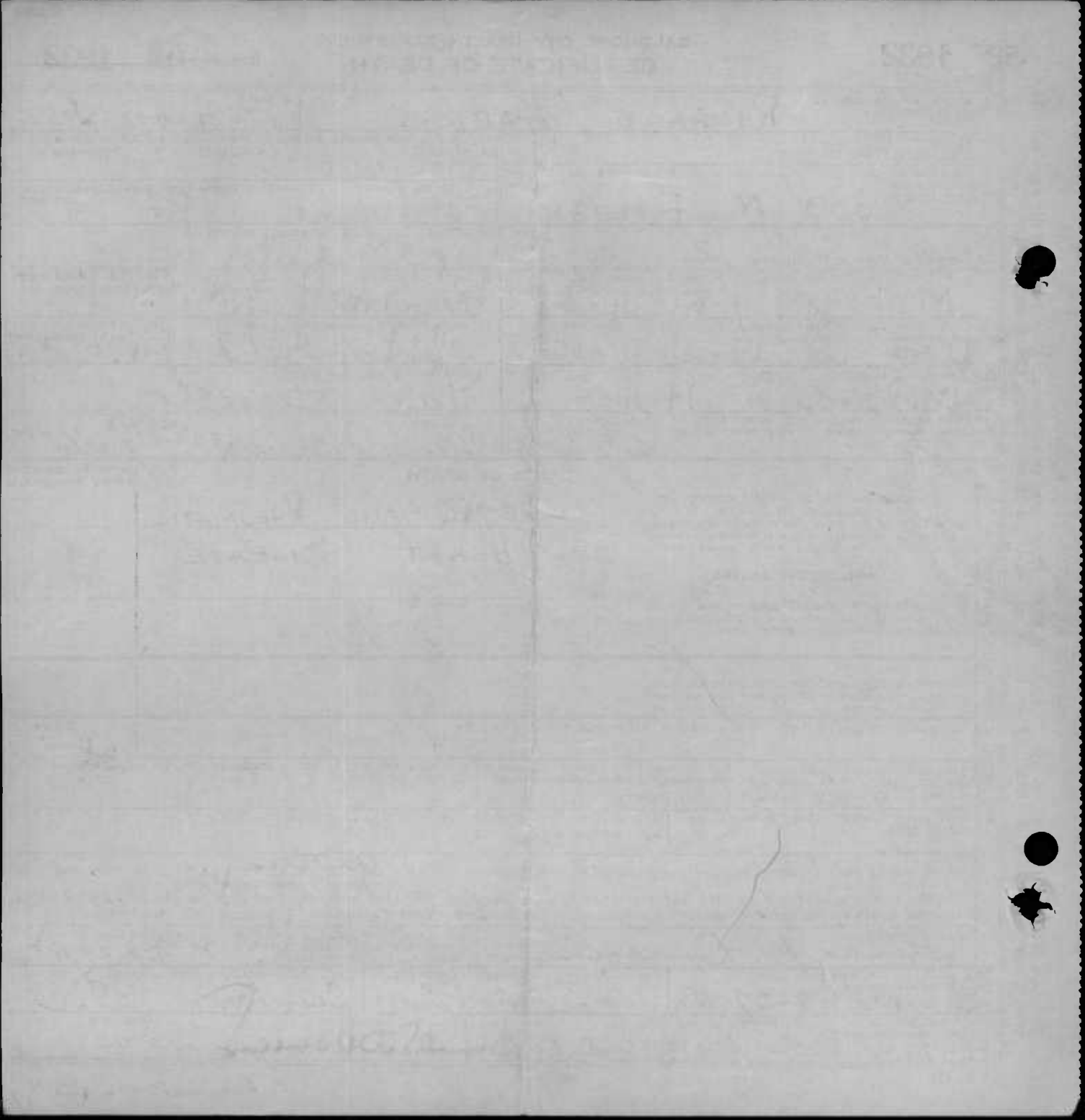
VS 151

30E Edmondson Ave

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1933

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Estelle M. Norfolk

2. DATE

OF DEATH Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3816 Sequoia Ave.,

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3109 Windsor Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 12, 1865

9. AGE (in years,

last birthday)

86

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Hobbs

14. MOTHER'S MAIDEN NAME

Olympia Welty

15. WAS DECEASED EVER IN U. S. ARMY FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Helen R. Leyhe 2830 Riggs Ave.

18.

442X

I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis & hypertension
Coronary vascular renal disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1952, to Feb 25, 1952, that I last saw the
deceased alive on Feb 17, 1952, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

V. Khorofsky M.D.

M. D.

23B. ADDRESS

601 N. Monroe St

23C. DATE SIGNED

2/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-28-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 27 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

VS 150

19520001931

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

Dr. Leonard Stongsky
601 N. Monroe St.
Ed. 3525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1934

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Ruhe

2. DATE
OFDEATH Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

3200 Presbury St.,

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3200 Presbury St.,

c. Length of stay in Baltimore

35--Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Aug. 13, 1865

9. AGE (in years
last birthday)

86

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Glass Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Swindell Bros.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Karl Ruhe

14. MOTHER'S MAIDEN NAME

Caroline Riene

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Mollie Ruhe 3200 Presbury St.,

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary artery
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO(C) Arteriosclerosis1 week15 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1949 to Feb. 1952, that I last saw the
deceased alive on 15 Feb. 1952, and that death occurred at 10 a. m. from the causes and on the date stated above.

23A. SIGNATURE

G. Allan Lewis

23B. ADDRESS

4408 Loch Raven Blvd. Pikesville, Md.

23C. DATE SIGNED

27 Feb. 5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-29-1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

VS 150

10952020193293c

Dr. W. S. Abbott
770 Garrison Bldg
Lib 7600

Dr. W. S. Abbott

770 Garrison Bldg
Lib 7600

Dr. W. S. Abbott

Dr. W. S. Abbott
770 Garrison Bldg
Lib 7600

Dr. W. S. Abbott
770 Garrison Bldg
Lib 7600

B-100

52 1935

52 1935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52-07145

1. NAME OF DECEASED (Type or Print) BABY BOY BALL			2. DATE OF DEATH 2/27/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-20		
c. Length of stay in Baltimore 2 days			d. STREET ADDRESS (If rural, give location) 3304 DEVONSHIRE Dr. #15		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2/25/52		9. AGE (in years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME ALLEN J. BALL			14. MOTHER'S MAIDEN NAME GERALDINE BOWERS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. _____		
17. INFORMANT MOTHER			ADDRESS _____		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congenital Heart Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-25-1952 to 2-27-1952 that I last saw the deceased alive on 2-27-1952 and that death occurred at 12:00 mid from the causes and on the date stated above.					
23a. SIGNATURE Miriam S. Daly M. D.		23b. ADDRESS Lutheran Hosp. of Md.		23c. DATE SIGNED 2/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-52		24c. NAME OF CEMETERY OR CREMATORY Huntington	
24d. LOCATION (City, town, or county) (State) Balto Md		24e. FUNERAL DIRECTOR Jack Lewis Inc		24f. ADDRESS 2100 Cutaw Pl	
DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1952		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

1952001933

157E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

[Faint, illegible text, likely bleed-through from the reverse side of the page]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

52 1936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1936

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSIE A. JACOBSON

2. DATE
OF
DEATH

2-27-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3600 Springdale Ave Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-38

d. STREET ADDRESS (If rural, give location)

3600 Springdale Ave

c. Length of stay in Baltimore

3

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

33

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

New Haven Conn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Nelson Jacobson - Paul

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Generalised metastases

INTERVAL BETWEEN ONSET AND DEATH

17 mos.

DUE TO

Carcinoma of breast

18 mos.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

Sept. 22, '50

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of breast

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 8 Nov. 1951, to 27 Feb. 1952, that I last saw the deceased alive on 27 Feb. 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

L. E. Wice

23b. ADDRESS

920 St. Paul St.

23c. DATE SIGNED

Feb. 28, 52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

2-28-52

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

New Haven Conn

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 2100 Eutaw Pl

Wice
920 ft Paul
MAY 08 37
9 AM

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

103

103



③ 13-630
 52 1938

 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

 52 1938
 Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		RONALD W. BARRETT		Feb. 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE		
Baltimore City Hospitals			Maryland		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore 6-01		
5. SEX			D. STREET ADDRESS (If rural, give location)		
6. COLOR OR RACE			100 N. Ellwood Avenue		
male white			8. DATE OF BIRTH		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			May 8, 1935		
single			9. AGE (In years last birthday)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			18		
Helper			11. BIRTHPLACE (State or foreign country)		
10B. KIND OF BUSINESS OR INDUSTRY			Balto. Md.		
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
Russell Barrett					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			14. MOTHER'S MAIDEN NAME		
(If yes, give war or dates of service)			Clara Olszewski		
16. SOCIAL SECURITY NO.			17. INFORMANT		
216 32 2932			ADDRESS		
			Russell Barrett, 100 N. Ellwood Ave.		

18. E981X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Internal hemorrhage			
DUE TO		bullet wound of abdomen			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		street		Foster and Kenwood Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
February 26, 1952-12:30A.M.				Firearms	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D.		23C. DATE SIGNED	
				Feb. 26, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Feb. 28/52		Lorraine Pk.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
FEB 28 1952		Huntington Williams, M.D.		Woodlawn, Md.	
25. FUNERAL DIRECTOR		ADDRESS			
Harry H. Hight		4101 Edmondson Ave			

Fold

D-430

52 1939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1939

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Billotti, Concettina

2. DATE
OF
DEATH

2/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, 13

D. STREET ADDRESS (If rural, give location)

1908 N. Patterson Park Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 14th 1893

9. AGE (In years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Selling Hand Made of Waxed, Inc.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Guemeline Wengarra

14. MOTHER'S MAIDEN NAME

Pietra Di Salvo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss B. Billotti, 1908 N. Patt Park Ave.

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Obstructive jaundice

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic cholecystitis and

DUE TO cholelithiasis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/21, 1952 to 2/27/52, 1952, that I last saw the deceased alive on 2/27, 1952, and that death occurred at 12:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

B. J. Veloz

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

2/27/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

8 Mar 1952

Holy Redeemer

Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1952

Huntington Williams, M.D.

Leo S. Leach, 1701-1703 N. Patt Park Ave.

VS 150

1952 02 27

126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Chaplain

Signature of Minister

Signature of Undertaker

Signature of Burial Society

Signature of Cemetery

Signature of Funeral Home

Signature of Mortician

Signature of Embalmer

Signature of Crematorium

Signature of Interment

Signature of Burial

Signature of Reinterment

Signature of Disinterment

Signature of Exhumation

Signature of Reburial

Signature of Final Disposition

52 1940

52 1940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susie Mae Trotman

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

230 Harrison St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Balto.

4-01

D. STREET ADDRESS (If rural, give location)

230 Harrison St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 26, 1921

9. AGE (in years,
last birthday)

30

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

D.C. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Booze

14. MOTHER'S MAIDEN NAME

Beatrice Calloway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
Beatrice Jones

Address 230 Harrison St.

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic nephritis

3 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

myocardial degeneration

3 mo.

(C)

benign prostatic hypertrophy

1 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25, 1951, to 2-25, 1952, that I last saw the
deceased alive on 2-25, 1952, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Willis

23B. ADDRESS

1543 Remondale

23C. DATE SIGNED

2/27/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

11th Calvary Bm

24D. LOCATION (City, town, or county) (State)

Cider Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 28 1952

REGISTRAR'S SIGNATURE

Huntington Willis

25. FUNERAL DIRECTOR

K. J. Davis

ADDRESS

1014 Edmondson Ave.

VS 150

131B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

RECEIVED BY THE DEPT. OF THE INTERIOR

Received August 1898

A-450 52 1941

52 1941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Josephine Allen

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1905 Barclay St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give
township)

12-04

D. STREET ADDRESS (If rural, give location)

1905 Barclay St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED/DIVORCED (Specify)
Widow

8. DATE OF BIRTH

June 5, 1897

9. AGE (in years
last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Thornton

14. MOTHER'S MAIDEN NAME

Sarah Moten

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Marjorie Jefferson Barbary

ADDRESS 1905

18.

583X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

60 days

80 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-1951 to 2-25-52, that I last saw the
deceased alive on 2-24-1952 and that death occurred at 130 m. from the causes and on the date stated above.

23A. SIGNATURE

Jas. R. Blake

23B. ADDRESS

1603 N. Caroline

23C. DATE SIGNED

2-27-52

24A. BURIAL CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

2/28/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county) (State)

Cocke Hill Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs Kate R Williams

ADDRESS

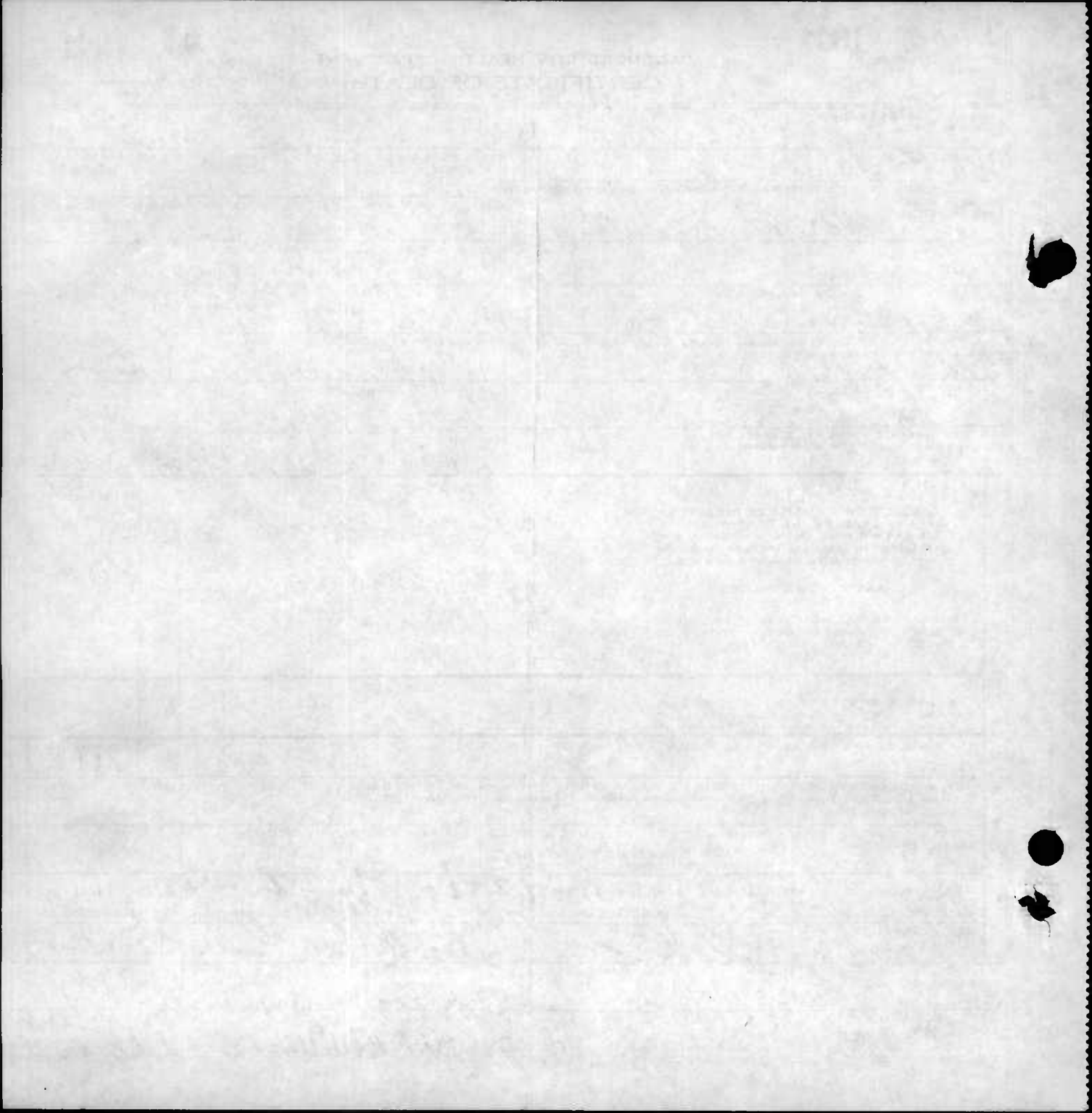
Schroeder St

VS 150

125B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1942

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine A. Manns

2. DATE
OF
DEATH

Feb 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

707 Dolphin St.

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

707 Dolphin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 20, 1872

9. AGE (In years last birthday)

79

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Chew

14. MOTHER'S MAIDEN NAME

Portience ANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Roland Manns

ADDRESS 707 Dolphin St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1952, to 2/24, 1952, that I last saw the deceased alive on 2/24, 1952, and that death occurred at 2:24 Am., from the causes and on the date stated above.

23A. SIGNATURE

B. R. Williams

23B. ADDRESS

2122 Green Hill

23C. DATE SIGNED

2/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. R. Williams

ADDRESS

3220 Schenck St.

FEB 28 1952

VS 150

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

SEP 28 1954
U.S. DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

WASHINGTON, D.C. 20250

MEMORANDUM FOR THE SECRETARY

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENNETT BONNIE TURNER

2. DATE
OF DEATH Feb. 23, 19523. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-43

D. STREET ADDRESS (If rural, give location)

2614 Paca Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 2, 1906

9. AGE (In years
last birthday)

45

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fla.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Iverson Turner

14. MOTHER'S MAIDEN NAME

Ida Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Burnetta Turner

ADDRESS 2614
Paca St.

18. 322.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute alcoholism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Knecher, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 23, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. Katie B. Williams

ADDRESS

3221
Schroeder St.

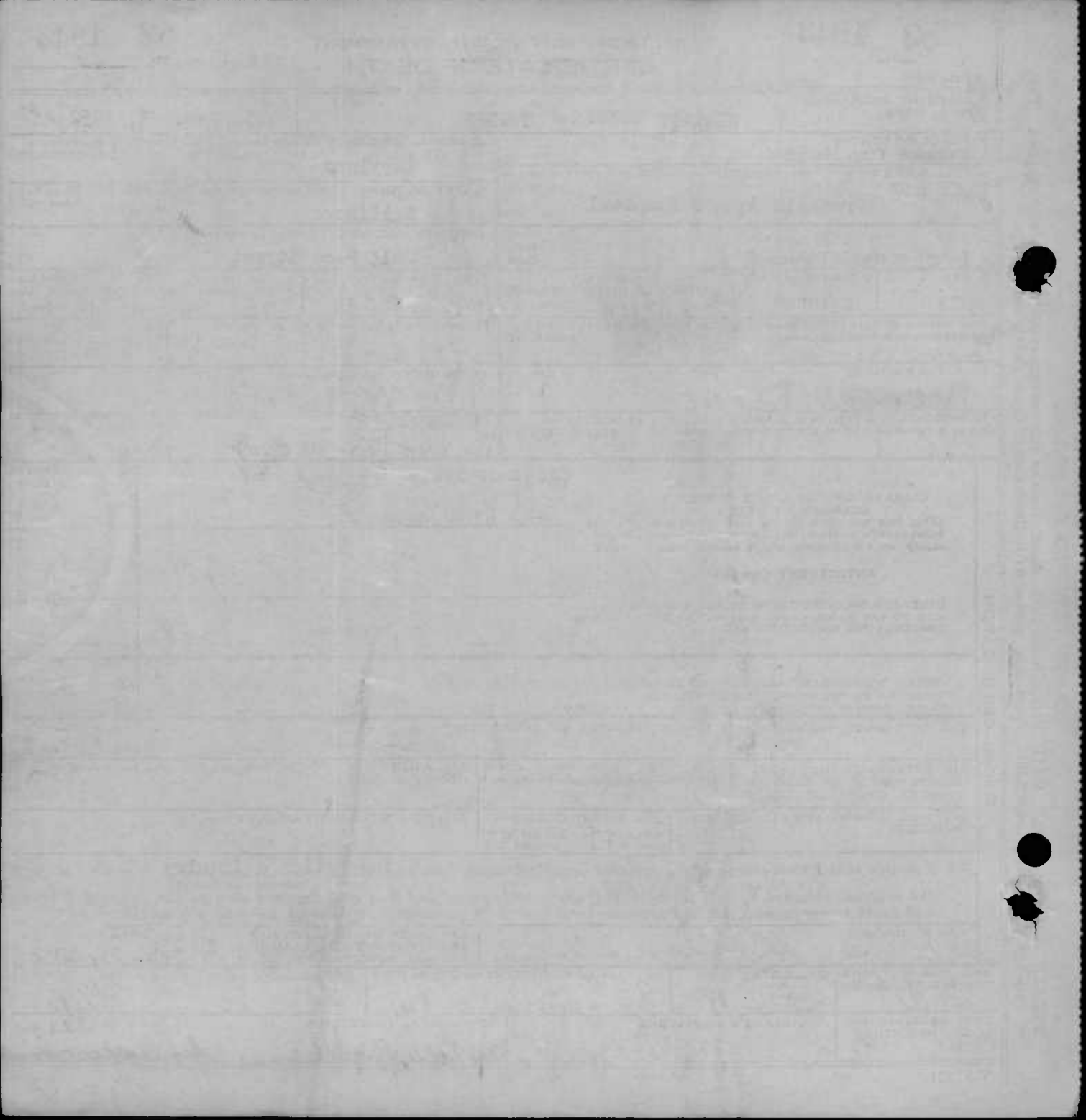
VS 151

94056

77c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1944

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATIE STEVENSON

2. DATE
OF
DEATH

Feb 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PROVIDENT

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

18-01

D. STREET ADDRESS (If rural, give location)

866 Vine St.

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 5, 1872

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Appomattox Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lawson

14. MOTHER'S MAIDEN NAME

Irene ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or for unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Kelly 866 Vine St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb 24, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 28, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

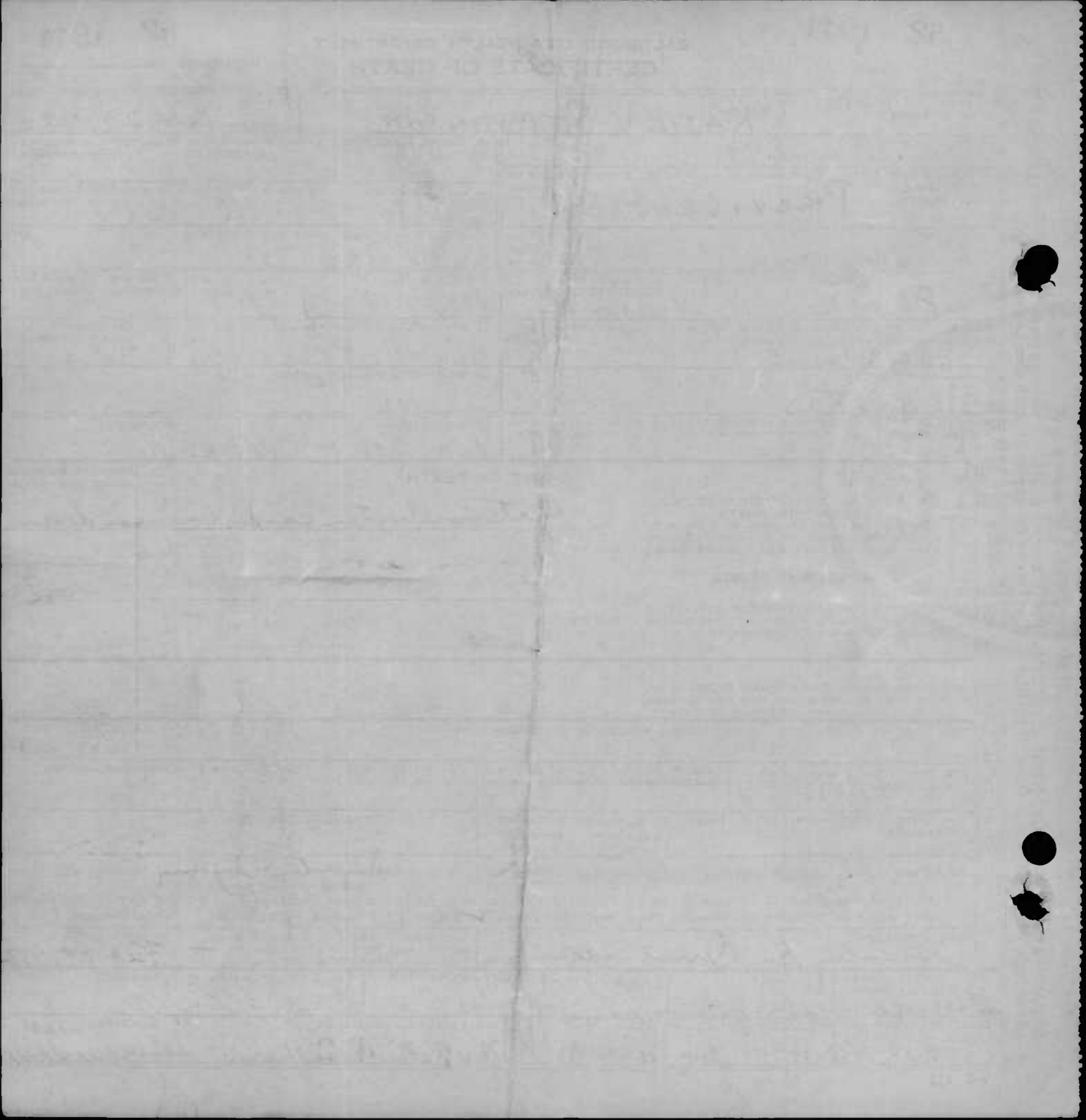
322N Schuman St

VS 151

937V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____
Feb. 23, 1952

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HERBERT

SMITH

2. DATE
OF
DEATH

Feb. 23, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

16-01

D. STREET ADDRESS (If rural, give location)

1105 W. Lanvale Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married (Sep.)

8. DATE OF BIRTH

March 31, 1913

9. AGE (In years last birthday)

38

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Spurrow Point

11. BIRTHPLACE (State or foreign country)

Marion Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jerry Smith

14. MOTHER'S MAIDEN NAME

Annie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

Bessie Boone

17. INFORMANT ADDRESS **1105 W. Lanvale St**

18. **322.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Acute alcoholism**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 23, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Round Hill Cem

24D. LOCATION (City, town, or county)

Marion Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1952

REGISTRAR'S SIGNATURE

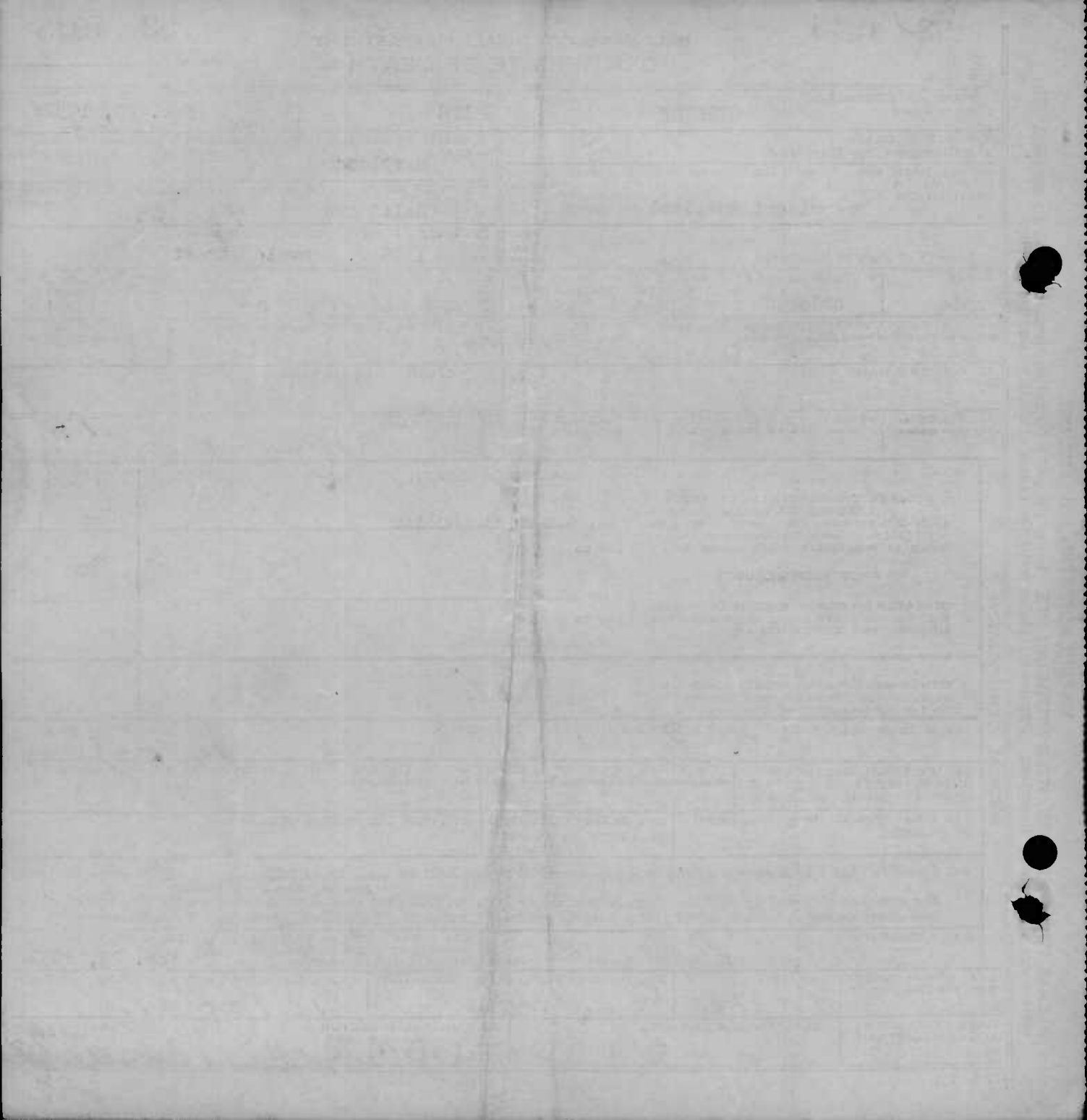
H. H. A. 5/12/52

25. FUNERAL DIRECTOR

Mrs. Peter R. Williams

ADDRESS **322 N.**

Schneider St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE HASENEI

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

35 N. Streeper St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

35 N. Streeper St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 24, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

shipping Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Hasenei

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. James E. Hasenei - 35 N. Streeper St.

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)Myocarditis and coronary dis-
ease.

4 yrs.

ANTECEDENT CAUSES

Senility with general arterio sclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

NO ACCIDENT

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar/ 19, 1942, to Feb. 26, 1952, that I last saw the
deceased alive on Feb. 25, 1952, and that death occurred at 7 a m., from the causes and on the date stated above.

23A. SIGNATURE

B. J. Kelly

M. D.

23B. ADDRESS

100 N. Linwood.

23C. DATE SIGNED

Feb. 26/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/29/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Viskner & Sons 93D

FEB 28 1952

VS 150

520001944

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

52 1947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 1947

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KATHERINE C. GRAUEL

2. DATE
OF
DEATH

Feb. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION 212 E. Cross St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

24-03

D. STREET ADDRESS (If rural, give location)

212 E. Cross St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 25, 1867

9. AGE (In years,
last birthday)

84

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fred Grauel

14. MOTHER'S MAIDEN NAME

Katrinka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS view

Mrs. Frederick Fulenwider - 3600 Fair-

18. 421.4 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Endocarditis

2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

Arterio Sclerosis

2 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1952, to Feb. 27, 1952, that I last saw the
deceased alive on 2/27, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/29/52

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1952
VS 150

Huntington Williams, M.D.

J. J. Lickner & Sons

Baltimore Md 927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1948

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William May Waly

2. DATE
OF
DEATH

February 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

THE JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Route #1, Box 334

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11-10-05

9. AGE (In years
last birthday)

46

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Leonard

14. MOTHER'S MAIDEN NAME

Annie Vogler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THE JOHNS HOPKINS HOSPITAL

18.

416 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Pulmonary arterial infarction
Rheumatic heart diseaseINTERVAL BETWEEN
ONSET AND DEATH

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1952, to 2-25, 1952, that I last saw the
deceased alive on 2-25, 1952, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John C. Williams

23B. ADDRESS

THE JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-25-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-29-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Ryck

ADDRESS

5305 Hayford Rd

FEB 28 1952

VS 150

9513

1918

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1918

[Faint, illegible text, likely bleed-through from the reverse side of the page]



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

R-534

ND-156873

BIRTH NO. 1949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1949

1. NAME OF DECEASED (Type or Print) Arthur Randall			2. DATE OF DEATH Feb. 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 26 Yrs.			D. STREET ADDRESS (If rural, give location) 650 Houser St. (30)		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1894	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Factory		
13. FATHER'S NAME George			14. MOTHER'S MAIDEN NAME Carolina (Caroline)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			18. CAUSE OF DEATH 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive arteriosclerotic cardiovascular disease with congestive failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-23 , 1952, to 2-26 , 1952, that I last saw the deceased alive on 2-26 , 1952, and that death occurred at 4:30 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE D. S. Cozen			23B. ADDRESS M. D. 4940 Eastern Avenue		
23C. DATE SIGNED 2-27-52					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/3/52		
24C. NAME OF CEMETERY OR CREMATORY Not Given			24D. LOCATION (City, town, or county) (State) Baltimore Co Md		
DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1952			REGISTRAR'S SIGNATURE Huntington Williams		
25. FUNERAL DIRECTOR Joseph A. Lively			ADDRESS 661 W. Bore		

VS 150

937 st

10-1-54

MEMORANDUM FOR THE RECORD

10-1-54

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10-1-54

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58 1950

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

HENDERSON

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

1307 E. Lombard Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 10, 1882

9. AGE (In years
last birthday)

70

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Long shoemaker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

A Jones 1307 E Lombard Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Ornelas, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 26, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-1-1952

Mt Zion Cemetery

Baltimore City Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1952

Huntington Williams, M.D.

Jas R. Leahy 601 West Bane St

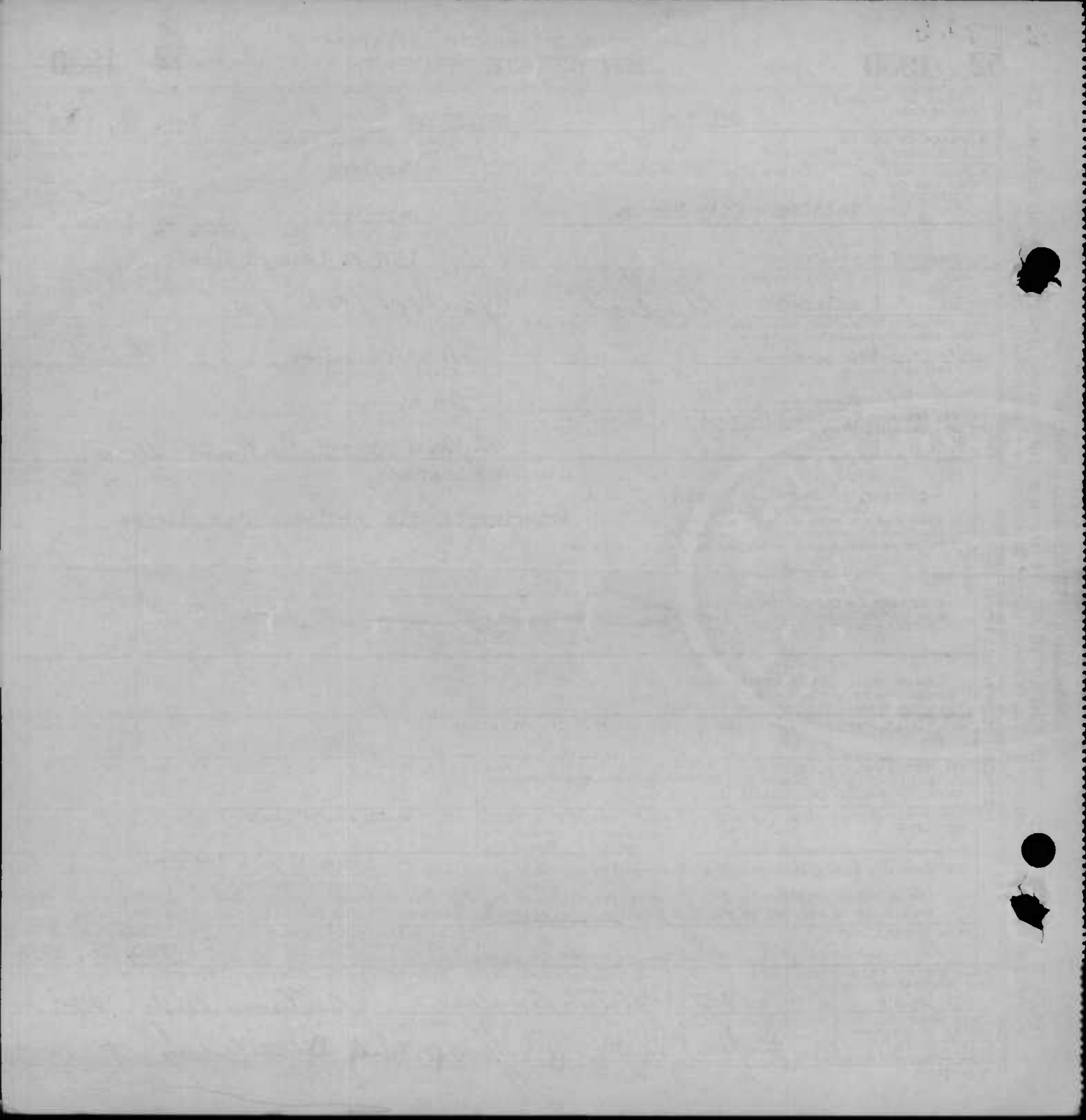
VS 151

94055

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



L-300
52 1951BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1951

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR LLOYD

2. DATE
OF
DEATH

Feb. 26 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland B. Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

424 N. Clanton St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore 26-10

D. STREET ADDRESS (If rural, give location)

424 N. Clanton Street

c. Length of stay in Baltimore

62 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 26, 1889

9. AGE (in years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Policeman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas Lloyd

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

213-38-5864

17. INFORMANT

Nelson Lloyd 424 N. Clanton St.

ADDRESS

18.

181X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Generalized Carcinomatosis 6 mos.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Bladder
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1951, to Feb. 26, 1952, that I last saw the
deceased alive on Feb 23, 1952, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Albert Herrmann

23B. ADDRESS

2921 E. Federal St.

23C. DATE SIGNED

2-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/29/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

North Ave.

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Bernard S. Hark

ADDRESS

1000 S. Page

VS 150

773 93

52B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Color _____

Marital Status _____

Occupation _____

Education _____

Religion _____

Place of Birth _____

Date of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Signature of Physician _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1952

BIRTH NO. 51-29133

1. NAME OF DECEASED
(Type or Print)

DENICE

ARNOLD

2. DATE
OF
DEATH

Feb. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

763 W. Cross Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

3 mo.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U S

13. FATHER'S NAME

Harold Arnold

14. MOTHER'S MAIDEN NAME

Nancy Krabitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Endocardial fibro-elastosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunsen M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

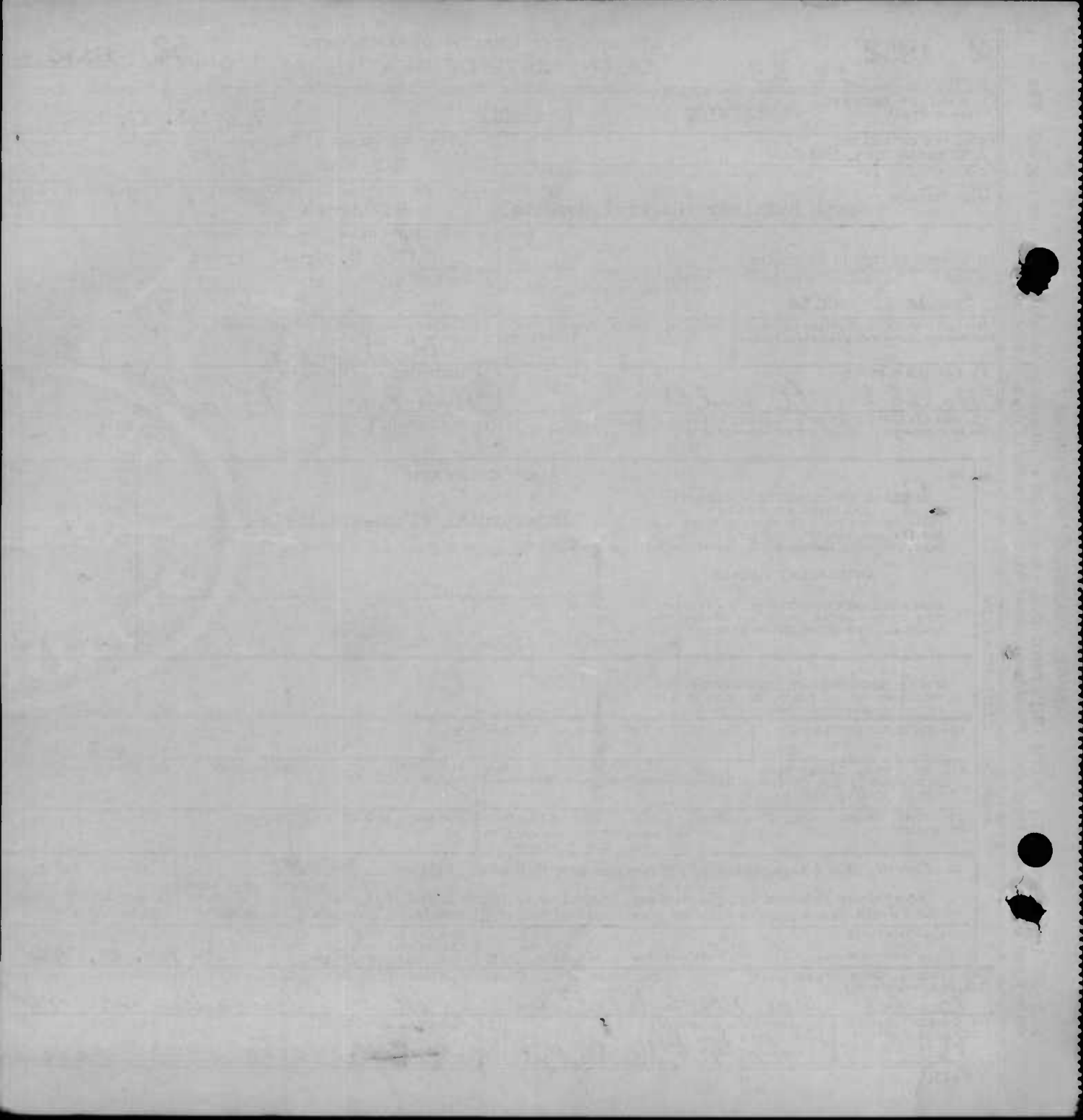
ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1953
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Willich

2. DATE
OF
DEATH

Feb 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Green Redwood

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION

Univ. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 138-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2200 Erdman Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May-10-1872

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Director

10B. KIND OF BUSINESS OR INDUSTRY

Mortician

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Henry Willich

14. MOTHER'S M maiden NAME

Gretnude Harwip

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Hess Willich (son) 3004 W. Johns

ADDRESS

18.

177X

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypostatic pneumonia*

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Ca prostate

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 16, 1952* to *Feb 26, 1952* that I last saw the deceased alive on *Feb 26, 1952*, and that death occurred at *4:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore Jr.

M. O.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

Feb 26/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March-1-52

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Pikesville

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 28 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Stewart & Wooden Co. Balto.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

RETURNED TO THE OFFICE OF THE REGISTRAR

1903

15

1903

CAUSE OF DEATH

REPORT OF DEATH BY PHYSICIAN

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE OF DECEASED

SEX OF DECEASED

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1954

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hugh E. Craven

2. DATE
OF
DEATH

2/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

222 So. Franklinton Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-04

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

222 So. Franklinton Rd.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

8/1/1871

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, ever if retired)

Black Smith

10B. KIND OF BUSINESS OR
INDUSTRY

Hoppers Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick Craven

14. MOTHER'S MAIDEN NAME

Catherine Cravley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Marie E. Craven Franklinton Rd.

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Occlusion

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arteriosclerotic Cardio-vascular disease Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1940, to Feb 28, 1952 that I last saw the
deceased alive on Feb 23, 1952, and that death occurred at 9:15 m., from the causes and on the date stated above.

23A. SIGNATURE

Abram Goldman M. D.

23B. ADDRESS

206 S. Elm St.

23C. DATE SIGNED

2/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Brown & Son

ADDRESS

206 S. Elm St.

FEB 28 1952

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1955**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary (Marie) L. Fleischman

2. DATE
OF
DEATH

February 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5805 Lochlea Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5805 Lochlea Road

C. Length of stay in Baltimore **55 years**

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 20, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

Carl Albrecht

14. MOTHER'S MAIDEN NAME

Emily -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carl A. Fleischman 5805 Lochlea Road

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Arteriosclerotic C.V.D.**

DUE TO

ANTECEDENT CAUSES

(B) **Cardiac Decomp.**

DUE TO

2 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) -----

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1950**, to **Feb 27, 1952**, that I last saw the
deceased alive on **2-27, 1952**, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Lawrence J. Hunsbach

23B. ADDRESS

3711 Falls Rd

23C. DATE SIGNED

2-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Norace F. Burgee

VS 150

93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

F-425

2281 92

2281 92

2281 92



W-543
52 1956BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1956
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George John Weinhold

2. DATE
OF
DEATH

Feb. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 418 S. Eaton St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

418 S. Eaton Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

418 S. Eaton St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

May 22, 1878

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: Days

9 5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Novak Realty Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Weinhold

3816 E. Pratt St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH420-1 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1952, to 2/27, 1952, that I last saw the
deceased alive on 2/27, 1952, and that death occurred at 11:41 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1952

Huntington Williams, M.D.

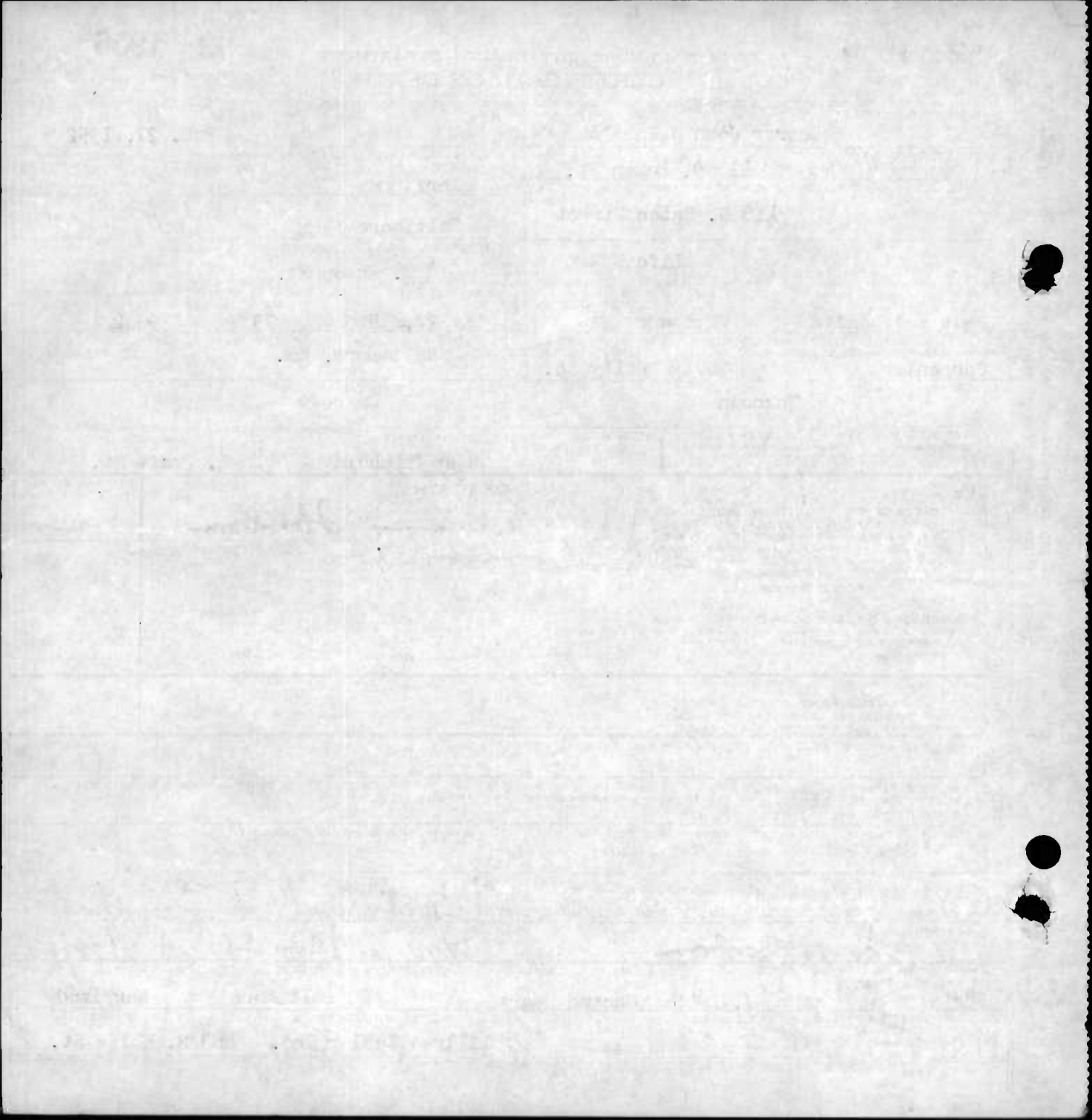
Lilly & Zeller, Inc.

403 S. Wolfe St.

VS 150

94a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



1921

1921



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1958
Registered No.

635
52 1958
BIRTH NO.

1. NAME OF DECEASED (Type or Print)			PRICE L. HORTON			2. DATE OF DEATH February 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN Fort Belvoir			D. STREET ADDRESS (If rural, give location) 27 th Eng. Exp. Supply Co.		
c. Length of stay in Baltimore Yrs. Mos. Days			8. DATE OF BIRTH Feb. 21 - 1930			9. AGE (In years last birthday) 22 years		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Mack Horton			11. BIRTHPLACE (State or foreign country) Coatsville, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO.			17. INFORMANT Army Records (Personnel)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Korean			17. INFORMANT Army Records (Personnel)			ADDRESS		

B. E 812.4		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Skull fracture			
ANTECEDENT CAUSES		(B) Contusion of brain			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Comminuted fracture of right tibia & fibula			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 301, Wells Avenue, Ferndale	
21D. TIME (Month) (Day) (Year) (Hour) Feb. 26, 1952 8:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by auto while pushing motorcycle	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER M.D. [Signature]		23C. DATE SIGNED Feb. 27, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 2/28/52		24C. NAME OF CEMETERY OR CREMATORY Eagle Funeral Home	
24D. LOCATION (City, town, or county) (State) Huntington, West Virginia		24E. NAME OF CEMETERY OR CREMATORY Homer Moulton, Iowa		24F. LOCATION (City, town, or county) (State) 403. E. 25th St. 170C Baltimore - 18 - MD	
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington, West Virginia		25. FUNERAL DIRECTOR [Signature]	

V 5 151

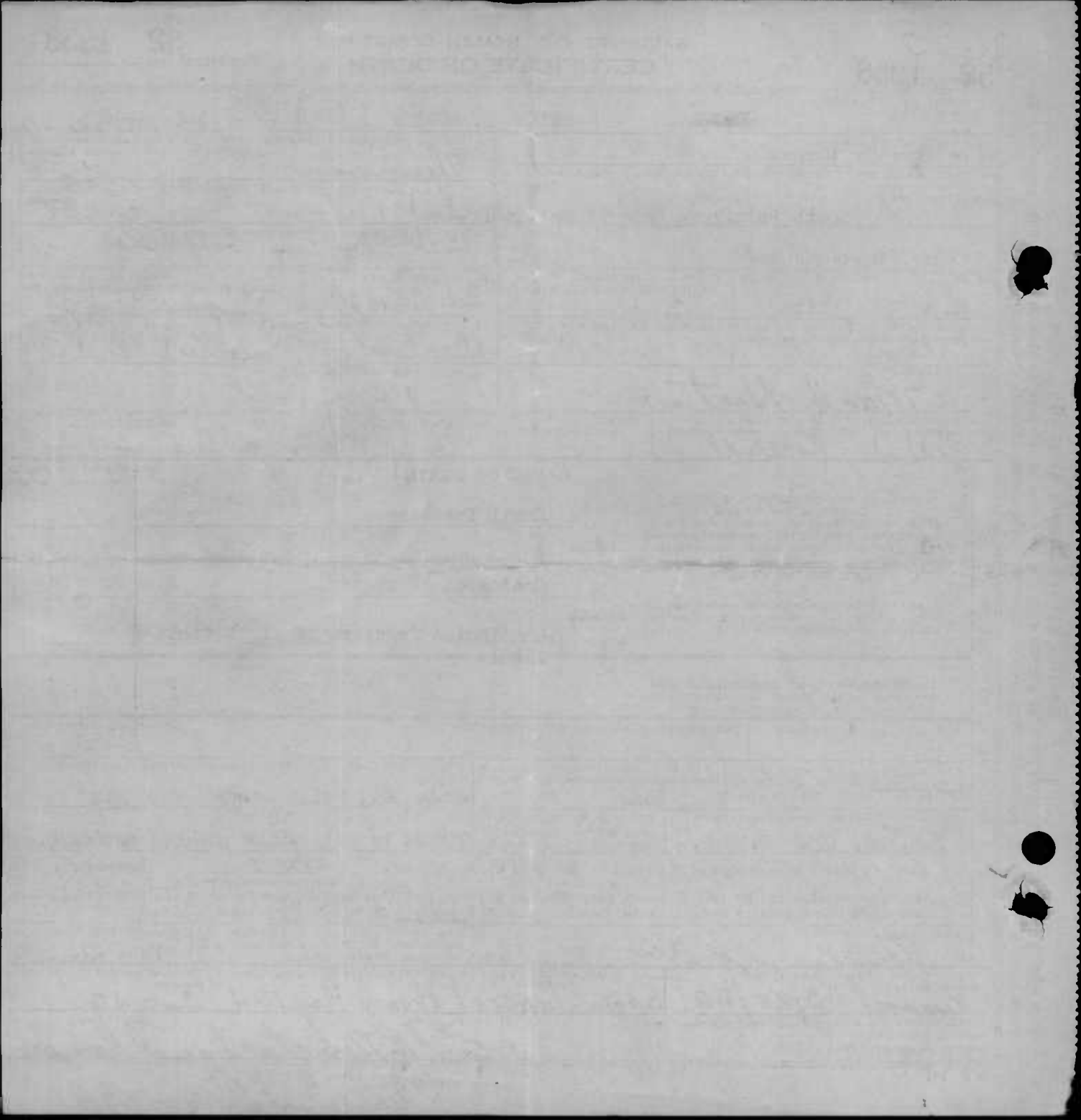
N-804.2

59-91

403. E. 25th St. 170C
Baltimore - 18 - MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1959**

452
52 1959
BIRTH NO. **52-03428**

1. NAME OF DECEASED (Type or Print) Baby Boy Williams			2. DATE OF DEATH February 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Route 3 Box 114 5200		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH February 12, 1952		9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min. 3 08
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Williams			14. MOTHER'S MAIDEN NAME Grace Hill (390077)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Records		

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anoxia		INTERVAL BETWEEN ONSET AND DEATH 3hr. 8min
DUE TO (A) Prematurity		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 12, 1952 , to February 12, 1952 , that I last saw the deceased alive on February 12, 1952 , and that death occurred at 11.00P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Scott Busby		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED February 15, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Ady Bedford	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

VS 130

19520001957

159

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

U.S. DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

1962

TO: SAC, ALBUQUERQUE (100-100000)

FROM: SAC, DENVER (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

Reference is made to your letter of [illegible] dated [illegible] at [illegible].

Enclosed for the Albuquerque Office are [illegible] copies of [illegible].

Very truly yours,

[Illegible Signature]

(Type name of Special Agent in Charge)

Special Agent in Charge

U.S. DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

ALBUQUERQUE OFFICE

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1960

Registered No. 5200

BIRTH NO. Non Res

1. NAME OF DECEASED
(Type or Print)

Barbara Jane Bancroft

2. DATE
OF
DEATH

Feb. 14, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Ind.

B. COUNTY Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pasadena

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

Feb. 12, 52

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

F B Bancroft

14. MOTHER'S MAIDEN NAME

Doris ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18.

776x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Prematurity

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 12, 1952 to Feb. 14, 1952, that I last saw the deceased alive on Feb. 14, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 28 1952

Huntington Williams, M.D.

1952

VS 150

Hospital Disposed

159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE JOHNS HOPKINS HOSPITAL

4 copies
B 625
52 1961
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1961

BIRTH NO. 52 1961

1. NAME OF DECEASED (Type or Print) Katherine (Katie) Brockschmidt			2. DATE OF DEATH Feb. 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4228 Woodlea Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION —			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4228 Woodlea Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 11, 1873	9. AGE (In years, last birthday) 78	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-07-3507	17. INFORMANT ADDRESS Albert Manik 4228 Woodlea Ave		

18. 443 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Cardio-Vascular Hypertensive Disease DUE TO Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 days 12 years 12 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 10, 1939 , to Feb. 27, 1952 , that I last saw the deceased alive on Feb. 27, 1952 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.				
23A. SIGNATURE Michael J. Dausch		M. D.	23B. ADDRESS 4636 Belair Road	23C. DATE SIGNED 2/28/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 1, 1952	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 28 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Philip F. Bach 2216 E. Monument St.	

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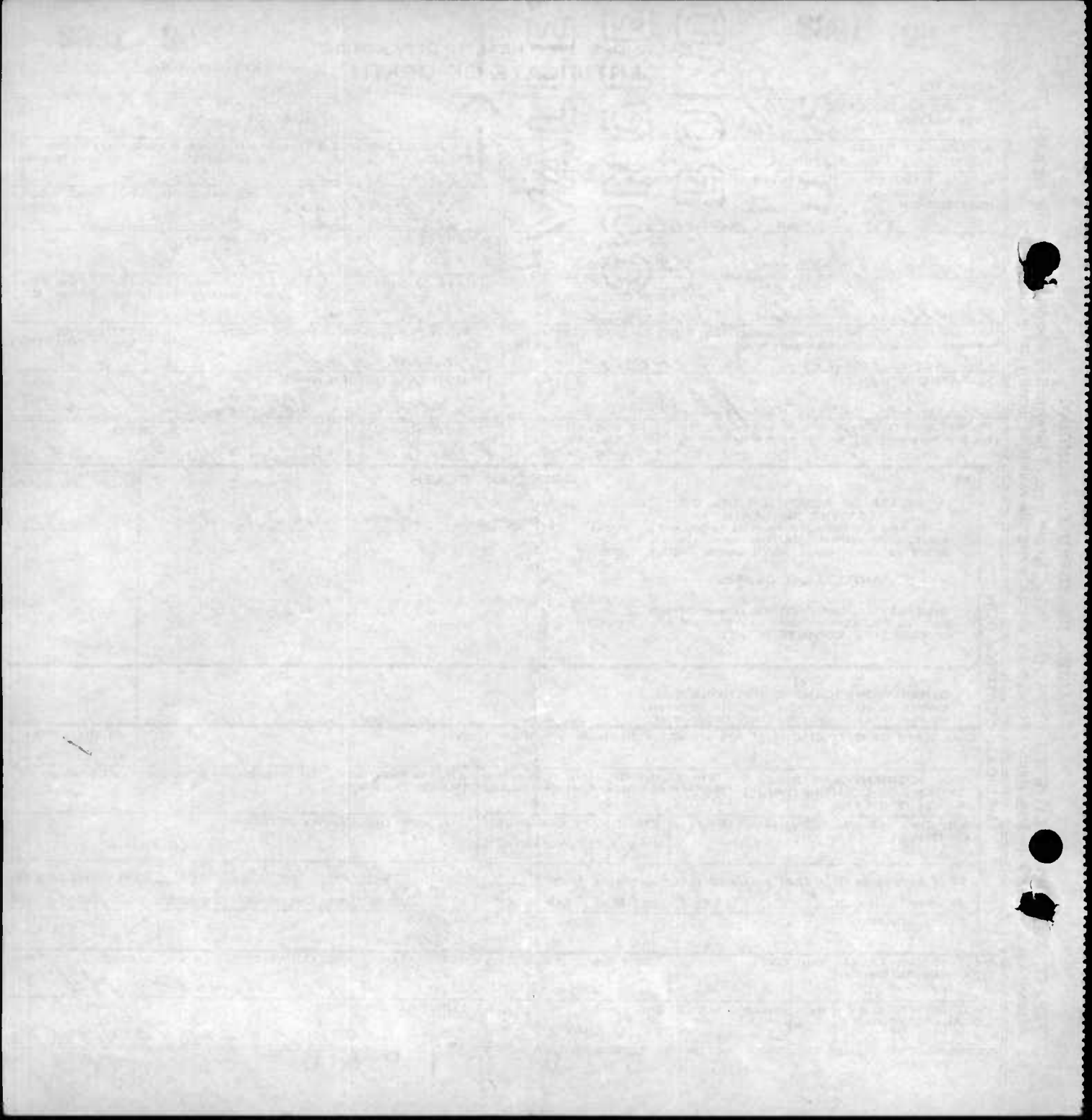
52 1962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1962

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mrs. Sophia Losch</i>		2. DATE OF DEATH <i>8-28-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Agnes Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Maryland</i>			
C. Length of stay in Baltimore <i>2 days</i>		D. STREET ADDRESS (If rural, give location) <i>1808 Mayfield Ave 5300</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-21-96</i>	9. AGE (In years last birthday) <i>55 yrs</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>George Pfeiffer</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		14. MOTHER'S MAIDEN NAME <i>Sophie Hoffman Miller</i>	
17. INFORMANT <i>Emil G. Losch</i>		ADDRESS <i>1808 Mayfield Ave.</i>			
18. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Glomerulonephritis</i>		CAUSE OF DEATH (A) <i>Chronic Glomerulonephritis</i> DUE TO (B) _____ DUE TO (C) _____			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/26</i> 19 <i>52</i> , to <i>7/28</i> 19 <i>52</i> , that I last saw the deceased alive on <i>7/28</i> 19 <i>52</i> , and that death occurred at <i>9:45</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Geo. L. Schrab</i>		23B. ADDRESS <i>St Agnes Hospital</i>		23C. DATE SIGNED <i>7/28/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>3-3-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LONDON PARK</i>	
24D. LOCATION (City, town, or county) <i>BALTIMORE, Md.</i>		24E. STATE <i>Md.</i>		25. FUNERAL DIRECTOR <i>Geo. L. Schrab</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>2101 Frederick Ave</i>	



5-2 62 52 1963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1963

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **SHUGARS = Robert Thomas**

2. DATE OF DEATH **Feb. 25-1952**

3. PLACE OF DEATH:
a. Baltimore City, Maryland **2005-Home wood Ave**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION _____

6. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 9-08

7. STREET ADDRESS (If rural, give location)
2005-Home wood Ave.

8. Length of stay in Baltimore **45 Years**

9. SEX **Male**

10. COLOR OR RACE **White**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____

12. DATE OF BIRTH **Jan-13-1877**

13. AGE (In years last birthday) **75**

14. If Under 1 Year: Months: Days _____

15. If Under 24 Hours: Hours: Min. _____

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Post office

17. KIND OF BUSINESS OR INDUSTRY
mail

18. BIRTHPLACE (State or foreign country)
Hampstead Md

19. CITIZEN OF WHAT COUNTRY? _____

20. FATHER'S NAME
James Lynch Shugars

21. MOTHER'S MAIDEN NAME
Alice R. McChellen

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No**

23. SOCIAL SECURITY NO. **No.**

24. INFORMANT ADDRESS
2005-Home wood Ave

18. **443X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) **Hypertensive Arteriosclerotic 10 yrs. Cardiovascular Disease with Anasarca**

ANTECEDENT CAUSES
(B) _____

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21E. INJURY OCCURRED _____

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 1942** to **Feb. 25, 1952** that I last saw the deceased alive on **Feb. 24, 1952**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE
Wm. H. Kammer, J. M. D.

23B. ADDRESS
5015 Sheridan Ave.

23C. DATE SIGNED
Feb. 25, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
2-28-52

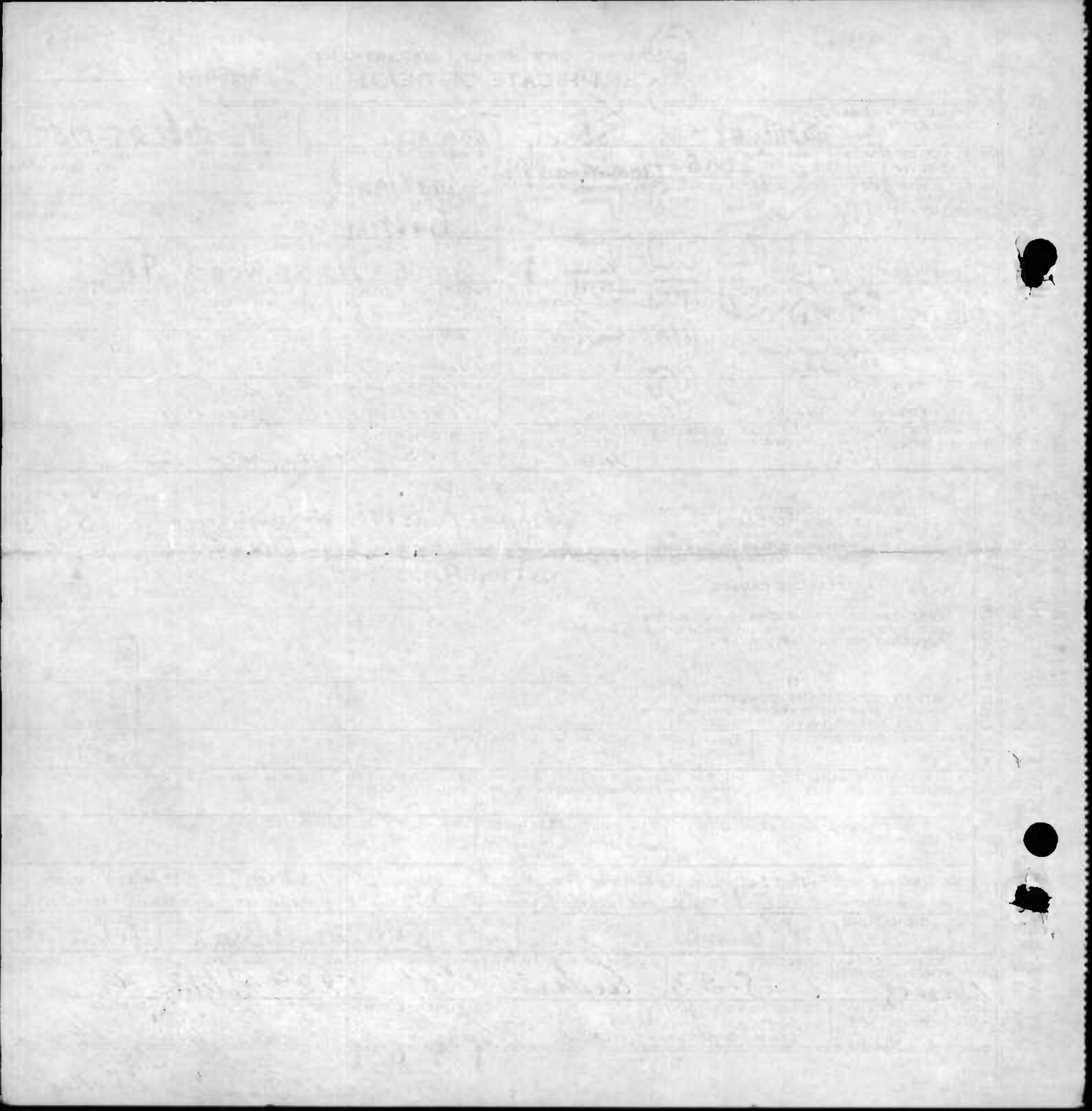
24C. NAME OF CEMETERY OR CREMATORY
Cedar Hill

24D. LOCATION (City, town, or county) (State)
5829 Ritchie Highway Baltimore 18 Md

25. FUNERAL DIRECTOR ADDRESS
937 E-25th St Baltimore 18 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-522

52 1964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1964

Registered No. _____

BIRTH NO. *Non Res.*

1. NAME OF DECEASED (Type or Print) <i>Michaelene Amuscek</i>			2. DATE OF DEATH <i>Feb 28, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1424</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>V-35</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>East Vandergrift</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>302 Railroad St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>6-29-51</i>	9. AGE (in years last birthday) <i>9</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Edward Amuscek</i>			14. MOTHER'S MAIDEN NAME <i>Mary Ann Rycklich</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>CONGENITAL HEART DISEASE (Tricuspid atresia)</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2-1-52 ; 2-21-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>1st. Potts Operation Sept 2nd I.A. Sept 1st</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1-29-</i> , 19 <i>52</i> , to <i>2-28-</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>2-28-</i> , 19 <i>52</i> , and that death occurred on <i>Feb 28</i> , 19 <i>52</i> , from the causes and on the date stated above.				
22A. SIGNATURE <i>Frank F. Bowens</i>		22B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		22C. DATE SIGNED <i>2-28-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/3/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Gertrude Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Vandergrift, West Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 29 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. J. Tichner & Sons</i> ADDRESS <i>Balts, Md</i>	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-2001 BY SP-6 JCH/STP



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George R. Newman

2. DATE
OF
DEATH

2/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

1016 Bennett Place

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1016 Bennett Place

c. Length of stay in Baltimore

23 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan. 7-1889

9. AGE (In years, last birthday)

63

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

McDaniel - Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Robert H. Newman

14. MOTHER'S MAIDEN NAME

Annie Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Grace Johnson

ADDRESS

Place 1016 Bennett

18.

420

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Acute coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Endocarditis 2 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-22-52* to *2-27-52*, 19*52*, that I last saw the deceased alive on *2-7-52*, and that death occurred *3:30 PM*, from the causes and on the date stated above.

23A. SIGNATURE

W. H. H. H.

23B. ADDRESS

5154 E. E. H.

23C. DATE SIGNED

2/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 1-1952

24C. NAME OF CEMETERY OR CREMATORY

Belair Mem. Park

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Samuel H. Sullivan

ADDRESS

754 64 1011 N. Calington Ave 937

VS 150

754 64 1011 N. Calington Ave 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

T-626521956

CERTIFICATE CORRECTED2-29-52

521956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)
JUDITH TRIGGER

2. DATE OF DEATH
2/26/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
1 MARYLAND 4-02
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
0721 W. FAYETTE ST.
D. STREET ADDRESS (If rural, give location)
BALTIMORE

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M

8. DATE OF BIRTH
1/10/23 22

9. AGE (In years last birthday)
29 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
VIRGINIA

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME
FRANK LEAKE

14. MOTHER'S MAIDEN NAME
?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
ARTHUR TRIGGER

ADDRESS
SAME

18. 171X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Terminal metastatic carcinoma, DUE TO secondary to C. of cervix
ANTECEDENT CAUSES
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH
?

19A. DATE OF OPERATION
2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11/1952, to 2/26/1952, that I last saw the deceased alive on 2/26/1952, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE
[Signature]

23B. ADDRESS
M. D. SOUTH BALTIMORE GEN. HOSP. 2/26/52

23C. DATE SIGNED

24A. BURIAL, CREMA- TION, REMOVAL (Specify)
BURIAL

24B. DATE
3/1/52

24C. NAME OF CEMETERY OR CREMATORY
CEDAR HILL

24D. LOCATION (City, town, or county) (State)
RITCHIE HWY

DATE RECEIVED BY LOCAL REGISTRAR
FEB 28 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

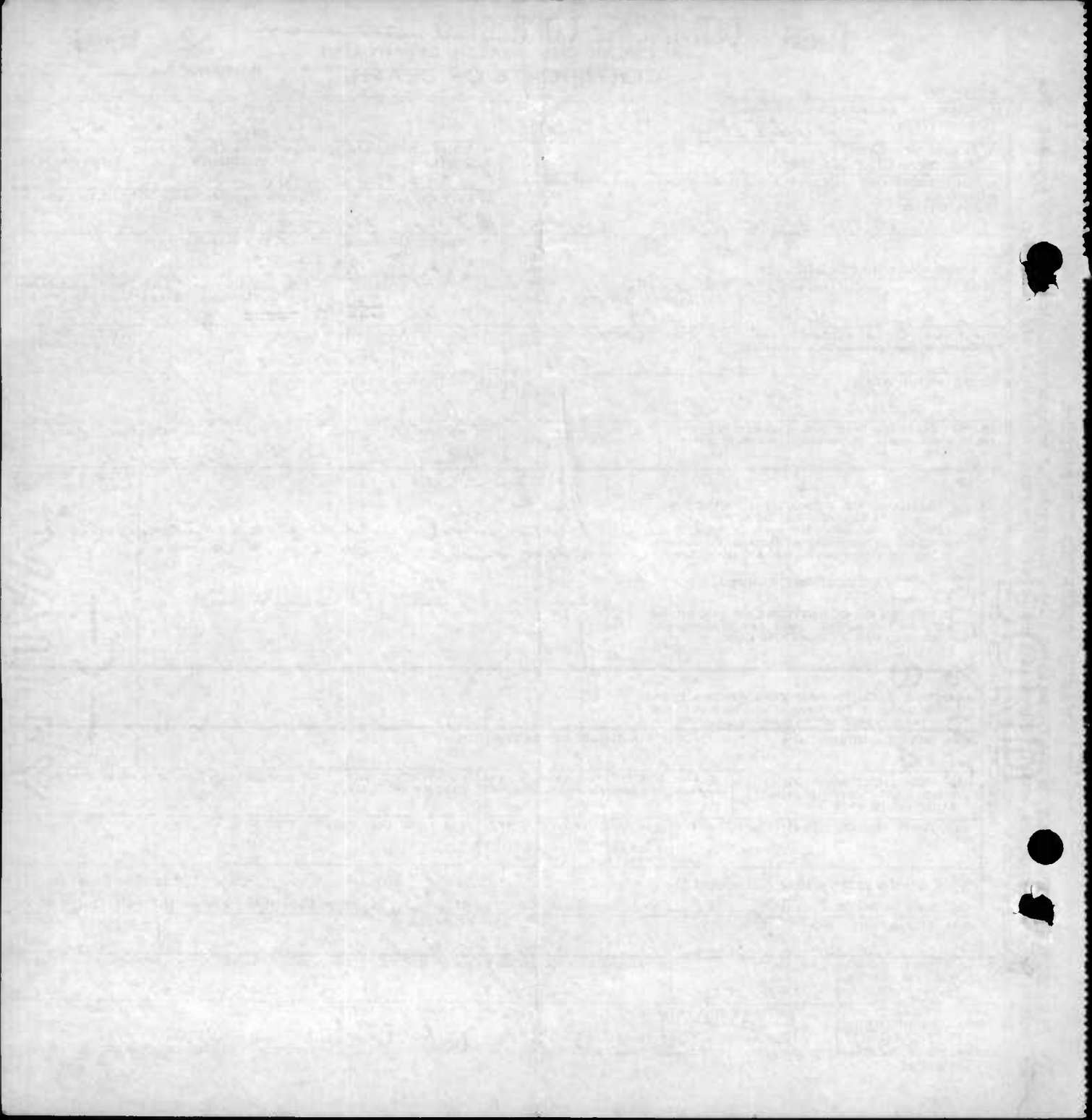
25. FUNERAL DIRECTOR
J. A. F. Denny, Inc

ADDRESS
715 LIGHT ST

VS 150

-30

48a



G-653

52 1967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daisy B Grant

2. DATE
OF
DEATH

2/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Lewisville

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 4 - 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MO

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

James Lawrence Brandel

14. MOTHER'S MAIDEN NAME

Emma Vandergrift

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Harry T Grant

ADDRESS

same

18.

175x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Widespread C. of virus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/31/52

19B. MAJOR FINDINGS OF OPERATION

Widespread C. of virus

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29/52, 19__, to 2/29/52, 19__, that I last saw the
deceased alive on 2/29/52, 19__ and that death occurred at 8:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James B. Brower M.D.

23B. ADDRESS

Union Memorial Hosp 2-29-52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/3/52

24C. NAME OF CEMETERY OR CREMATORY

Shirley

24D. LOCATION (City, town, or county)

Elkton MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

C. J. Rogers, Ciford Va.

ADDRESS

FEB 29 1952

49a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Harry Grant.

OK

102 J.3

Lewis

52 1968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1968

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMORY BROWN

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2900 Erdman Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

700 E. 23rd. Street

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 16, 1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

proprietor

10B. KIND OF BUSINESS OR
INDUSTRYStore
Confectionery

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Alfred C. Brown

14. MOTHER'S MAIDEN NAME

Annie E. Donohoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 700 E. 23rd. Street - 18
Mrs. Margaret W. Brown

18.

260x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Diabetic Coma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes Mellitis

DUE TO

unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1951, to Feb. 26, 1952, that I last saw the deceased alive on Feb. 22, 1952, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. W. Murgatroy, M.D.

23B. ADDRESS

401 E. 25th. St. Balto. Md.

23C. DATE SIGNED

2/28/52.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/1/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

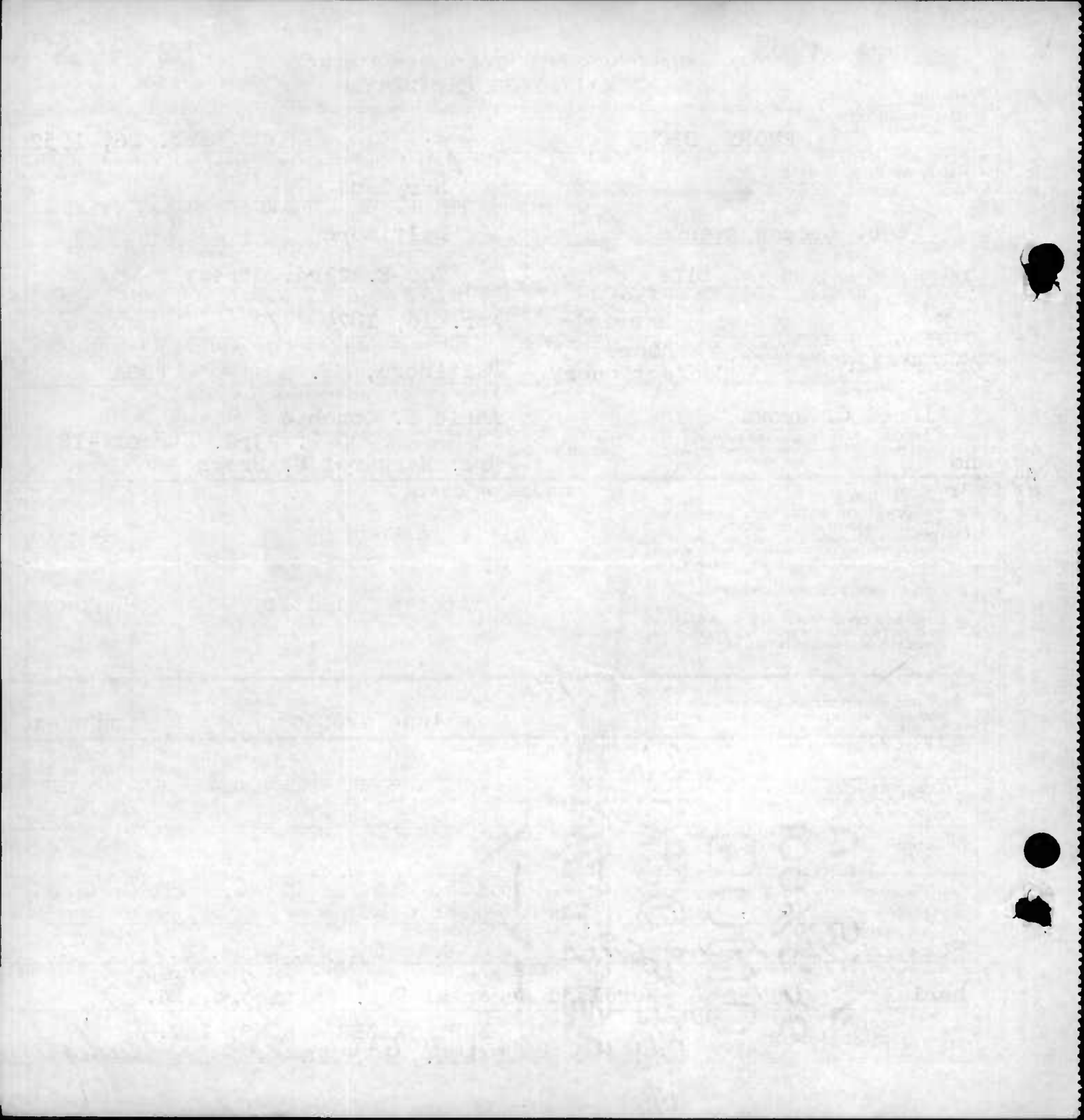
BALTO., 430 MD.

FEB 29 1952

VS 150

61

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1969

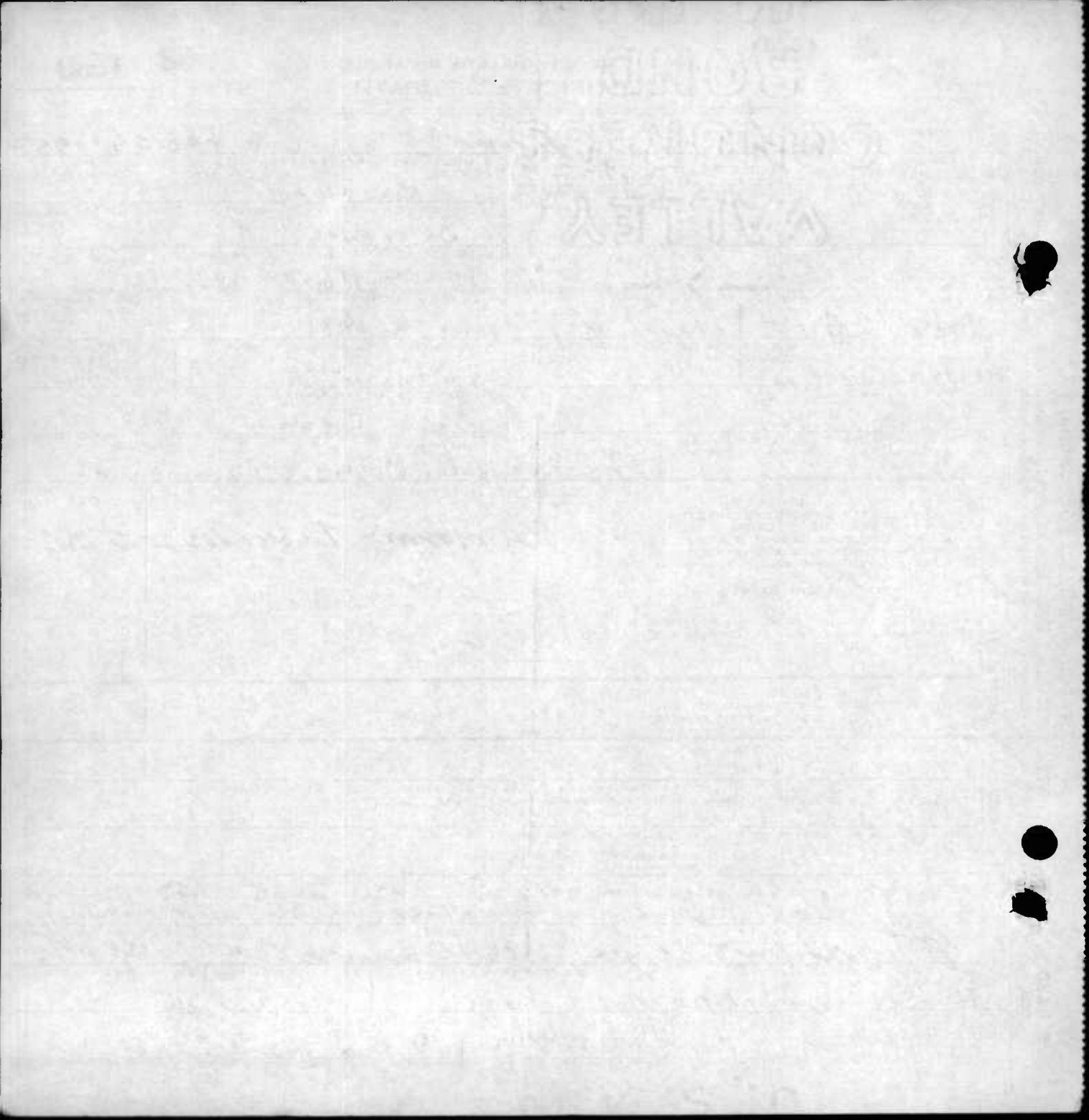
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1969
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Nolan Lenwood Brown</i>			2. DATE OF DEATH <i>Feb. 25, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1700 W. North Ave.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>(N)</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-04</i>					
c. Length of stay in Baltimore <i>10 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>1700 W. North Ave.</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 2, 1919</i>		9. AGE (In years last birthday) <i>32</i>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Handyman (Bakery)</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Williamsport, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>Sadie Brown</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>219-01-8939</i>		17. INFORMANT ADDRESS <i>Nolan Brown Williamsport, Md.</i>				
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis</i>			CAUSE OF DEATH (A) <i>Pulmonary Tuberculosis</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>2 mo 3</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>-</i> DUE TO (C) <i>-</i>								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>12-15</i> , 1951, to <i>2-25</i> , 1952, that I last saw the deceased alive on <i>2-25</i> , 1952, and that death occurred at <i>7:15 P.M.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Thomas L. Culhane</i>		23B. ADDRESS <i>M.D. 1543 Penna Ave</i>		23C. DATE SIGNED <i>2/28/52</i>				
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 1, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt. Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Westport, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 29 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		25. FUNERAL DIRECTOR <i>Joseph S. Bush</i>		ADDRESS <i>1200 W. Cuth St.</i>		

VS 150

690 44

1212



T-520

52 1970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52-00874

1. NAME OF DECEASED
(Type or Print)

CATHERINE

THOMAS

2. DATE
OF
DEATH

Feb. 22, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

1018 Stoddard Court

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 14, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

1 8

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lead ?

14. MOTHER'S MAIDEN NAME

Ernestine Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ernestine Thomas 1018 Stoddard Ct.

18.

773.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Dehydration

DUE TO—

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral venous thrombosis

DUE TO—

(C) Cerebral infarction

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

Stanley H. Dunbar, M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒23C. DATE SIGNED
Feb. 23, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 1, 1952

Mt. Auburn

West Port

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 29 1952

Huntington 5 Williams, Mrs. J. L. Williams, 1200 Mc Cullough St.

VS 151

1612 ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

good deal of the west coast
w m a n T.V. B alt 2 mol

52 1971

STUART
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1971

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel E. D. Stuart

2. DATE
OF
DEATH

Feb. 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, 17 14-01

D. STREET ADDRESS (If rural, give location)

1418th Mt. Royal Ave

c. Length of stay in Baltimore

89 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

March 26, 1889

9. AGE (In years
last birthday)

89

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real Estate

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

David T. Stuart

14. MOTHER'S MAIDEN NAME

Elizabeth Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

Richard C. Bernard

ADDRESS

310 Suffolk Rd

18.

493X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Germinal pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1951, to Feb 27, 1952, that I last saw the
deceased alive on Feb 27, 1952, and that death occurred at 11:01 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Moore, Jr.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Feb 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/29/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

No. 25. Moore and Son 805 N. Calvert St

ADDRESS

FEB 29 1952

VS 150

111C

STATE OF NEW YORK
CERTIFICATE OF DEATH

CAUSE OF DEATH

CHIEF OF POLICE OF ALBANY
ALBANY, N. Y.
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

DEATH OF
JANUARY 1, 1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1972

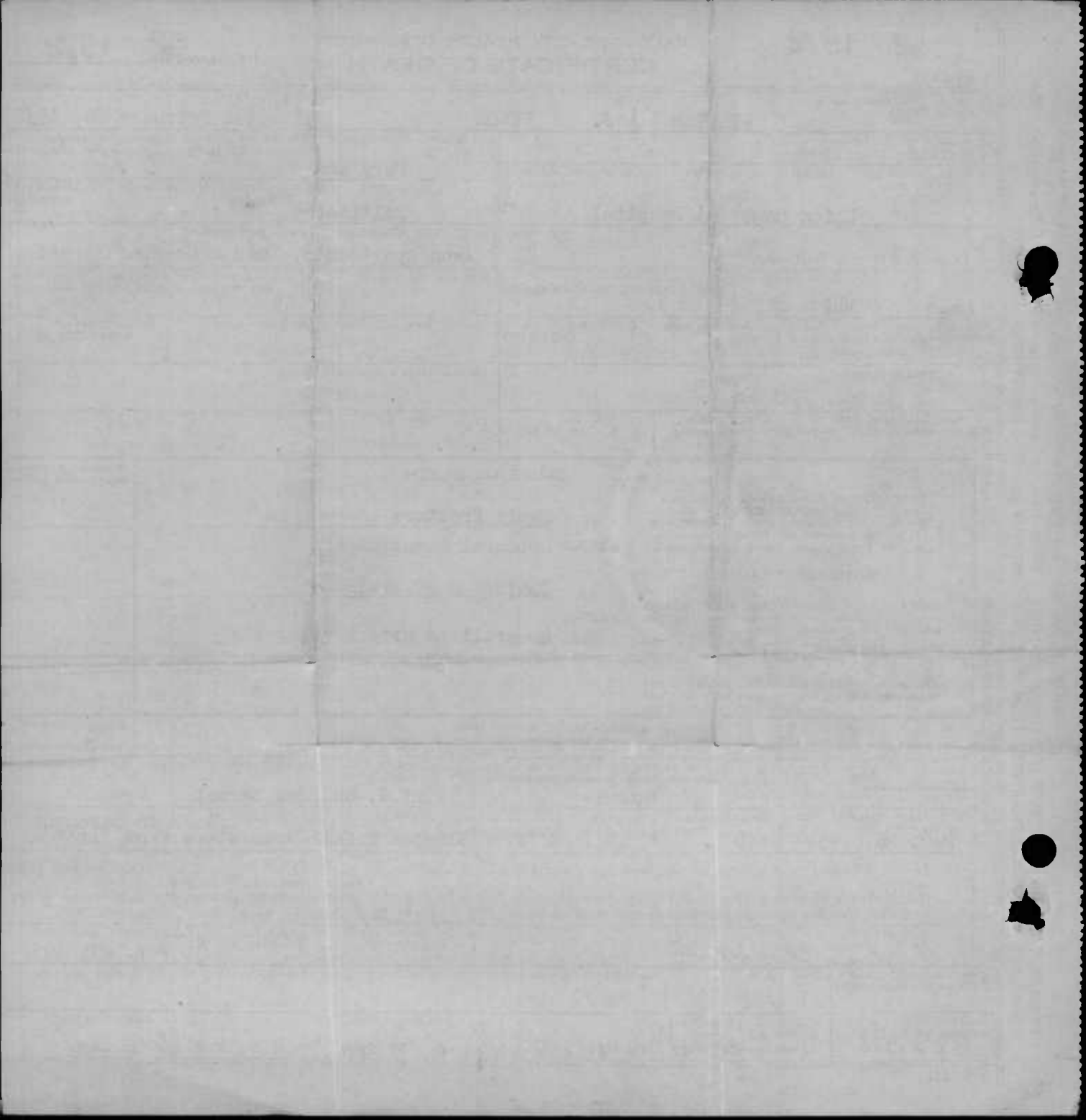
BIRTH NO. 150

1. NAME OF DECEASED (Type or Print) WILLIAM J. DEVON		2. DATE OF DEATH February 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 8-E Road 21	
c. Length of stay in Baltimore About 76 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Avon Apartments, Read & Charles Streets	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH About 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Investment	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William H. Devon		14. MOTHER'S MAIDEN NAME Ella E. Roney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT S. R. Mears		ADDRESS 805 N. Calvert Street	

18. E9000 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.) Skull fracture Subdural hemorrhage Contusion of brain Generalized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) house	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2925 N. Charles Street		
21D. TIME (Month) (Day) (Year) (Hour) Feb. 26, 1952 8:00 P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Slipped & fell down steps from first floor to basement		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William H. Mears</i>		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED Feb. 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/1/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR B291952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. B. Mears and Son 805 N. Calvert St.</i>	ADDRESS
--	---	---	---------



52 1973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1973

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

JANIE S. HUGHES

2. DATE
OF
DEATH

Feb. 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

617 Edgewood St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

617 Edgewood St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 27, 1862

9. AGE (In years last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Chaffman

14. MOTHER'S MAIDEN NAME

Susan Crabson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Ave.

Mr. Clarence Hughes - 2638 Huntingdon

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Hypertension
Arteriosclerotic Cardio Vasc Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22/1951 to 2/26, 1952, that I last saw the deceased alive on 2/26, 1952, and that death occurred at 7:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Paul R. Ziegler

23B. ADDRESS

3723 Edmondson Ave

23C. DATE SIGNED

2/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/1/52

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wickner & Sons

VS 150

93c Balto Md.

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



0-520
52 1974BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1974
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. BRETТА. E. OWENS

2. DATE
OF
DEATH

2-28-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (Arbutus)

D. STREET ADDRESS (If rural, give location)

903. Elmridge Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE. MARRIED.

WIDOWED. DIVORCED (Specify)

married

8. DATE OF BIRTH

6-27-1893

9. AGE (In years last birthday)

58

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob J. Engleback

14. MOTHER'S MAIDEN NAME

Mary E. Sheehan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. James W. Owens - 903 Elmridge Rd.

18.

578X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Generalized Peritonitis

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Perforation, Pseudo-sigmoid 2 weeks
Colon - (Foreign body)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION

2/26/52

19B. MAJOR FINDINGS OF OPERATION

Generalized peritonitis, advanced

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26 1952 to 2/28, 1952, that I last saw the deceased alive on 2/28, 1952 and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Stephen W. Paduani

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 29 1952

Huntington Williams, Jr.

Thm. J. Tickner & Sons

VS 150

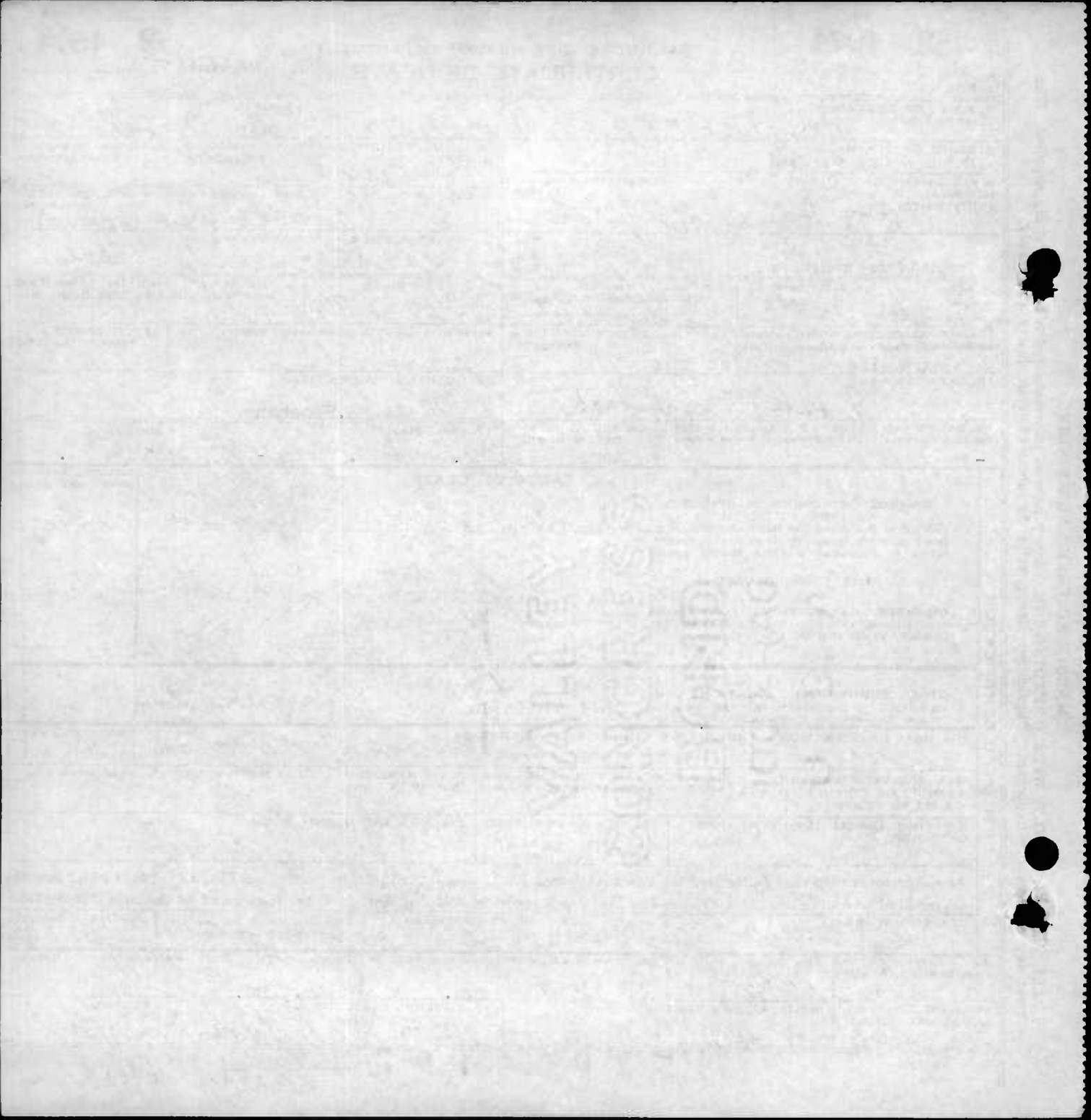
109 5 2 0 0 0 1 9 7 2

Balto. Md.

123

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



52 1975

52 1975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Dr. Samuel Krall*2. DATE
OF
DEATH*February 29, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*THE JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore *141-01*

D. STREET ADDRESS (If rural, give location)

Munblough Apts.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-26-12

9. AGE (In years last birthday)

39

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

Medical

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Krall

14. MOTHER'S MAIDEN NAME

Sara Rock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
THE JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Chronic Glomerulonephritis?

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1-24*, 1952, to *2-28*, 1952, that I last saw the deceased alive on *2-28*, 1952, and that death occurred at *11 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. D.

23B. ADDRESS *THE JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED

2-28-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/2/1952

24C. NAME OF CEMETERY OR CREMATORY

Beeth Chapel

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John L. Lewis, Inc.

ADDRESS

2100 Eutan Pl

VS 150

87585

1310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

<p>NAME OF DECEASED <i>John Doe</i></p>		<p>AGE <i>45</i></p>		<p>SEX <i>Male</i></p>	
<p>DATE OF DEATH <i>Jan 15 1945</i></p>		<p>TIME OF DEATH <i>10:30 AM</i></p>		<p>PLACE OF DEATH <i>Home</i></p>	
<p>CAUSE OF DEATH <i>Myocardial Infarction</i></p>		<p>MANNER OF DEATH <i>Natural</i></p>		<p>REPORTED BY <i>Dr. J. Smith</i></p>	
<p>SIGNATURE OF DECEASED</p>		<p>SIGNATURE OF REPORTER</p>		<p>DATE OF REPORT</p>	
<p>WITNESSES</p>		<p>DOCTOR'S SIGNATURE</p>		<p>HEALTH DEPARTMENT SIGNATURE</p>	

RECEIVED



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Edna Reich*2. DATE
OF
DEATH*2/28/52*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Sinai Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

3801 Fernhill Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*1893*9. AGE (In years
last birthday)*59*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Infarction

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*8 hrs.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Gall Bladder disease*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/28*, 19*52*, to *2/28*, 19*52*, that I last saw the
deceased alive on *2/28*, 19*52*, and that death occurred at *8:10 p.* m., from the causes and on the date stated above.

23A. SIGNATURE

David M. Salomon

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

*2/28/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3/2/1952

24C. NAME OF CEMETERY OR CREMATORY

Rosevale

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 29 1952*

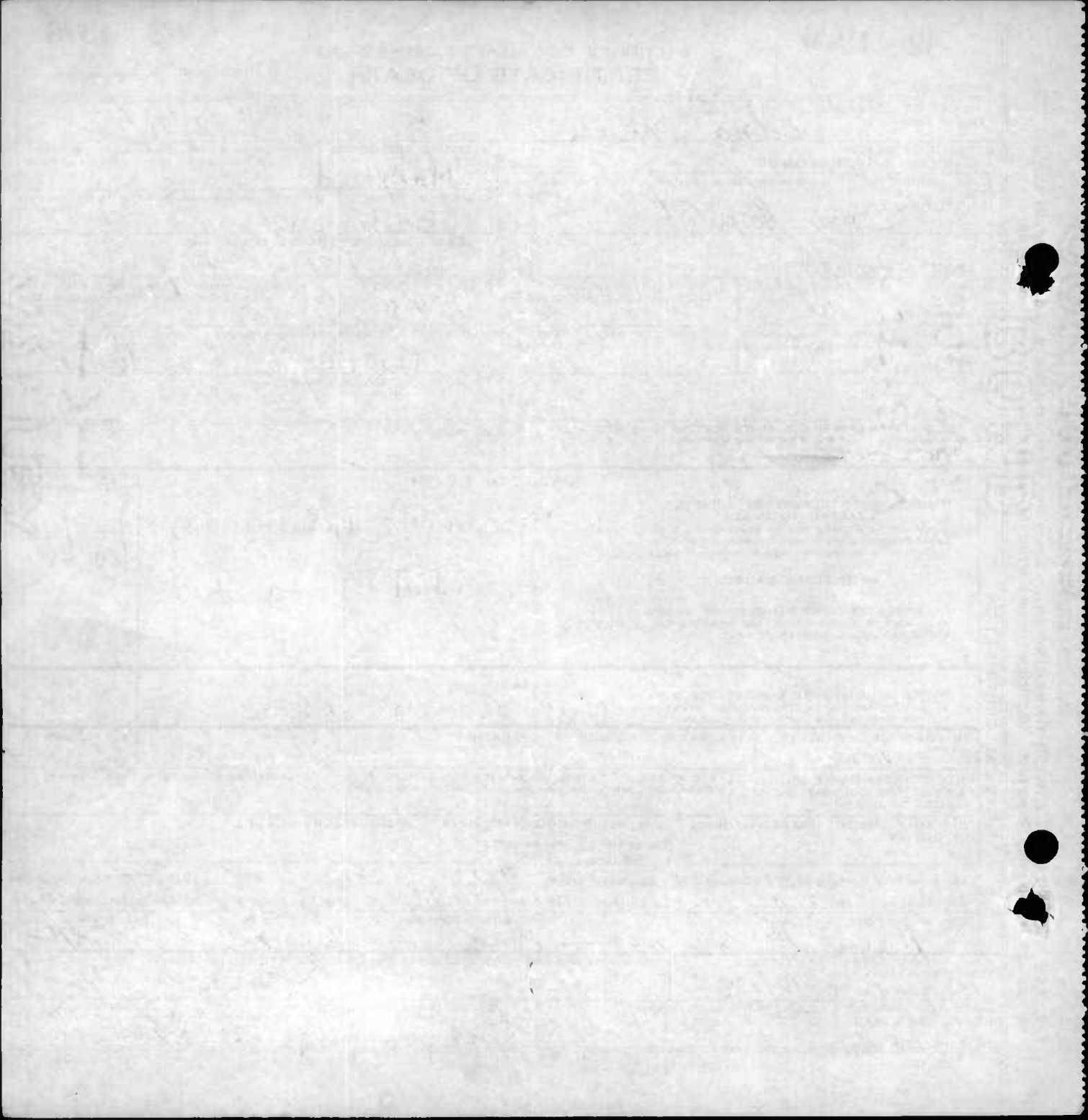
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leopold, 2100 E. E. Pl.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

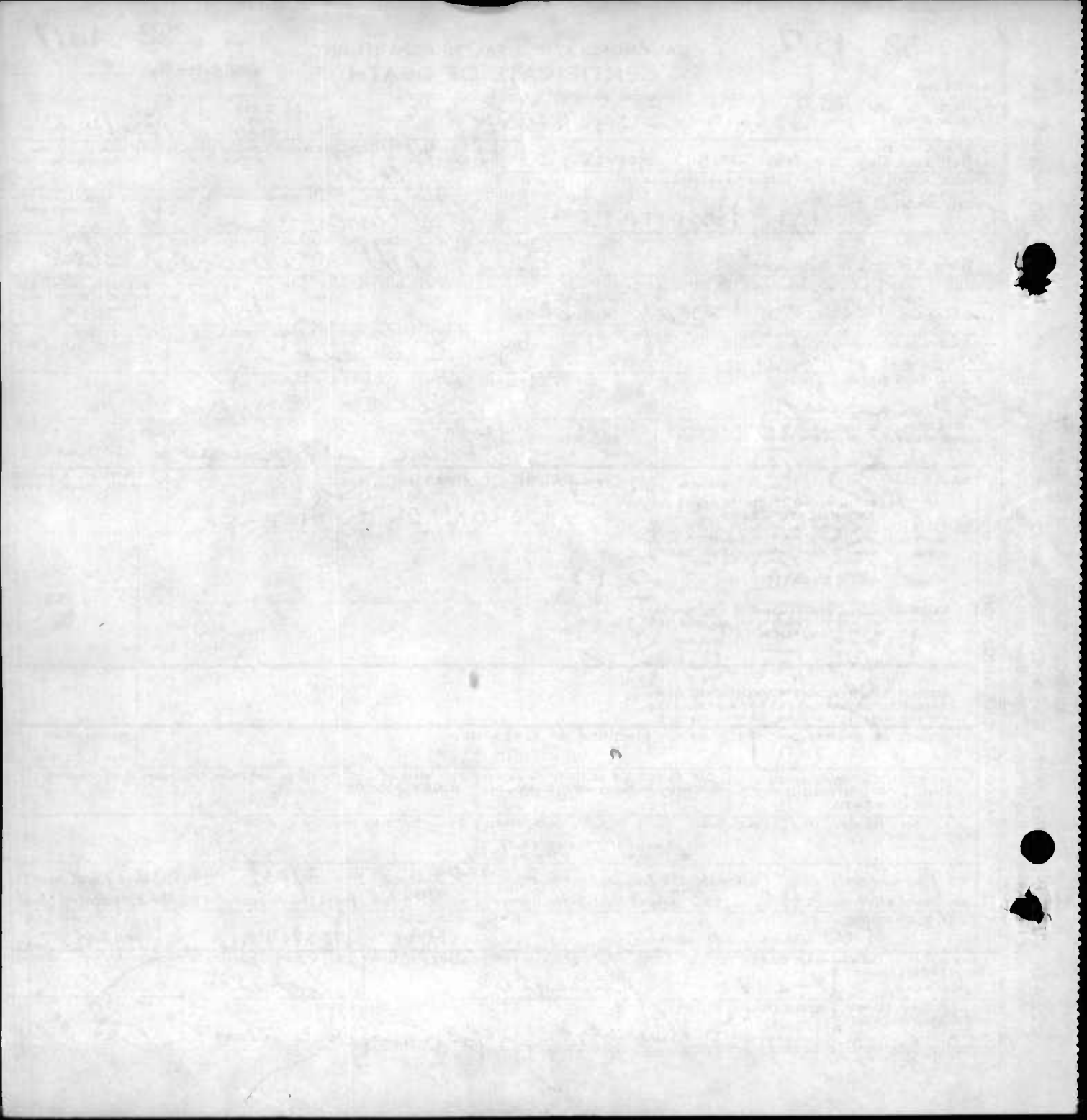
5-265
52 1977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1977

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) BESSIE SUGARMAN		2. DATE OF DEATH 2/28/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland SINAI HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17			
c. Length of stay in Baltimore 40 Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) 2851 W. Garrison Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (in years last birthday) 61	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Paula			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT Frank Sugarmaw - same	
18. ADDRESS _____		19. ADDRESS _____			
1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY DISEASE		CAUSE OF DEATH CORONARY DISEASE		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO _____ (B) DUE TO _____ (C) DUE TO _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 2/27/52 , 19 52 , to 2/28/52 , 19 52 that I last saw the deceased alive on 2/28 , 19 52 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Eugene Solo		M. D. _____		23B. ADDRESS SINAI HOSPITAL	23C. DATE SIGNED 2/28/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-2-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md		25. FUNERAL DIRECTOR Jack Levine 2100 Cento Rd	
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 2100 Cento Rd	



FEB. 23, 1913

WILLIAM J. SIMMONS

Residence: 1011 1st St. N. E.
City: Washington, D. C.

1011 1st St. N. E.

Feb. 23, 1913

My dear Sir:

I have just received your letter of the 22nd inst.

and am glad to hear

that you are

interested in the

subject.

I am

Very truly

Yours very truly,
WILLIAM J. SIMMONS

W. J. Simmons

1011 1st St. N. E.

Washington, D. C.

X

Feb. 23, 1913

Feb. 23, 1913

Washington, D. C.

W. J. Simmons

1011 1st St. N. E.

Washington, D. C.

52 1979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 1979

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) FREDRICK C. DUNKER			2. DATE OF DEATH 2/27/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY Anne Arundel		
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Md.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - LINTHICUM		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 409 W. Shipley Rd Linth. Md.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1904	9. AGE (in years last birthday) 47	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Engineer			11. BIRTHPLACE (State or foreign country) Balto Md		
13. FATHER'S NAME Fredrick Dunker			14. MOTHER'S MAIDEN NAME Augusta Rasch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, specify unknown) No.			16. SOCIAL SECURITY NO. _____		
17. INFORMANT MARIE DUNKER			ADDRESS 409 W. Shipley Rd		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) chronic Glomerulonephritis DUE TO Hyperens. Cardio-Vasc. Dis. pericarditis Secondary anemia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 2/27/52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/26/52 to 2/27/52 , that I last saw the deceased alive on 2/27/52 , and that death occurred at 2:05 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Paul A. Heermann		23b. ADDRESS Lutheran Hosp. of Md.		23c. DATE SIGNED 2/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1 52		24c. NAME OF CEMETERY OR CREMATORY IMMANUEL	
24d. LOCATION (City, town, or county) (State) BALTO. Md.		25. FUNERAL DIRECTOR PAUL A. HEERMANN			
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

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6067 HARFORD Rd.
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UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1981
Registered No. _____

0-250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BIRTH NO. 52-04563		1. NAME OF DECEASED (Type or Print) Eugenio Gail Dyson		2. DATE OF DEATH February 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1802 Lauretta Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-01			
c. Length of stay in Baltimore 1 day		D. STREET ADDRESS (If rural, give location) 1802 Lauretta Ave ✓			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-26-52	9. AGE (In years last birthday) 0	10. Under 1 Year Months: 0 Days: 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eugene Augustus Dyson, Jr.			14. MOTHER'S MAIDEN NAME ETHEL Olivia Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ethel Dyson 1802 Lauretta Ave		
18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho-pneumonia		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-26 , 19 52 , to 2-27 , 19 52 , that I last saw the deceased alive on 2-27 , 19 52 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard H. Hunt		23B. ADDRESS 16314 Franklin St.		23C. DATE SIGNED 2-28-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/29/52		24C. NAME OF CEMETERY OR CREMATORY St. Johns Cem. Pikesville Md.	
24D. LOCATION (City, town, or county) (State) Md.		25. FUNERAL DIRECTOR Mr. Katie R. Williams		ADDRESS 3224 Schraden St.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams			

STATE OF NEW YORK
IN SENATE
JANUARY 10, 1901.

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 10, 1901.

ALBANY:
J. B. LEECH, STATE PRINTER,
1901.

THE COMMISSIONERS OF THE LAND OFFICE
HON. J. B. LEECH, STATE PRINTER,
ALBANY, N. Y.

ALBANY:
J. B. LEECH, STATE PRINTER,
1901.

THE COMMISSIONERS OF THE LAND OFFICE
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ALBANY, N. Y.

ALBANY:
J. B. LEECH, STATE PRINTER,
1901.

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ALBANY:
J. B. LEECH, STATE PRINTER,
1901.

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HON. J. B. LEECH, STATE PRINTER,
ALBANY, N. Y.

ALBANY:
J. B. LEECH, STATE PRINTER,
1901.

THE COMMISSIONERS OF THE LAND OFFICE
HON. J. B. LEECH, STATE PRINTER,
ALBANY, N. Y.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1982

52 1982

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN G. KALB			2. DATE OF DEATH February 27, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 418 S. Lehigh St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 12, 1895	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman		10B. KIND OF BUSINESS OR INDUSTRY Stand. Gas Equip. Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Kalb			14. MOTHER'S MAIDEN NAME Marie Copper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Marie Kalb 418 S. Lehigh St. Balto., Md		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Arteriosclerosis DUE TO Coronary Thrombosis DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 1, 1951 , to Feb 27, 1952 , that I last saw the deceased alive on Feb 26, 1952 , and that death occurred at 10 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. E. Gentry			23B. ADDRESS 2956 C 3rd St.		23C. DATE SIGNED 2-29-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 1, 1952	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd. Ba. Co., Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 901 S. Conkling St.		

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1901

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1900

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK

1901

PRINTED BY THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

1901

THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

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THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

1901

THE UNIVERSITY OF THE STATE OF NEW YORK

ALBANY

1901

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52** **1983**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN HOFFER

2. DATE
OF
DEATH

2-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-09

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3715 Benefit St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

Aug. 15, 1889

9. AGE (in years, last birthday)

62

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Martin J. Hoffer

14. MOTHER'S MAIDEN NAME

Minnie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

UNK

NO.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

NELLIE HOFFER 3715 BENEFIT ST.

18.

360 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetes mellitus

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **2-26**, 19**52** to **2-26**, 19**52** that I last saw the deceased alive on **2-26**, 19**52**, and that death occurred at **11:25 Pm.**, from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. H. Shea

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

2-27-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MARCH 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL CEM.

24D. LOCATION (City, town, or county)

5712 O'DONNELL ST.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. B. Padon

ADDRESS

901 S. CONKLING

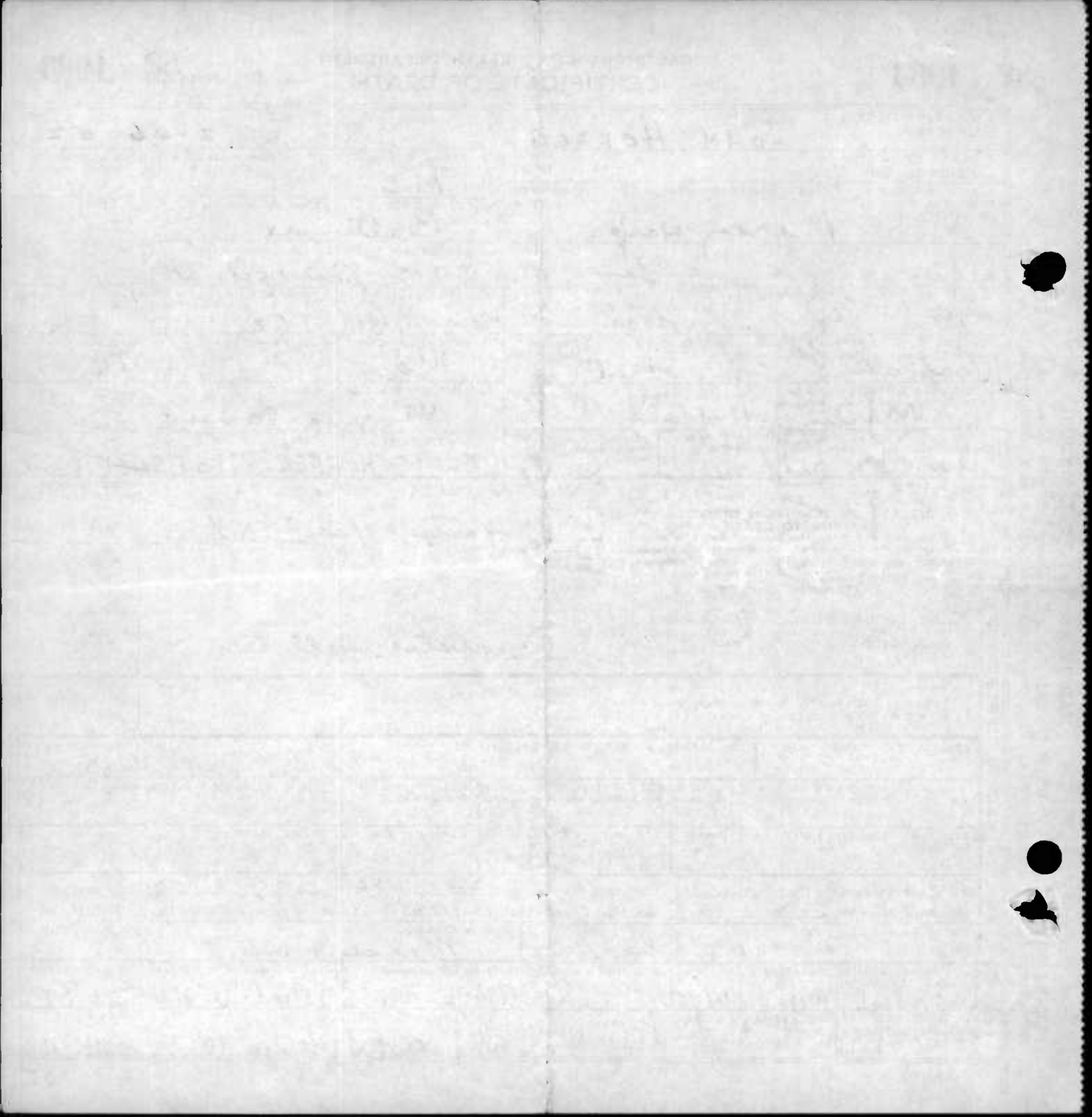
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61 ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EVELYN. FLOWER.

2. DATE
OF
DEATH

Feb. 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO CITY.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE MARYLAND B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3644 Elmley Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2603

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3644 ELMLEY AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 12, 1922

9. AGE (In years
last birthday)

29.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HEAD OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

Scully Co

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

ANTHONY. DiMARINO (m)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

20-01-2493

17. INFORMANT

THOMAS FLOWER

ADDRESS 3644

ELMLEY AVE

18.

170X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Carcinoma of Breast
C Metastasis to Mediastinum
BrainINTERVAL BETWEEN
ONSET AND DEATH

18 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 19 50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma L. Breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Dec 51, to 20 Feb 52, that I last saw the
deceased alive on 23 Feb, 1952, and that death occurred at 10 P M., from the causes and on the date stated above.

23A. SIGNATURE

Blair S. S. S. S. S.

23B. ADDRESS

2020 N Charles St

23C. DATE SIGNED

28 Feb 52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

MAR: 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

HOLT. RED EMBER.

24D. LOCATION (City, town, or county) (State)

BELAIR. ROAD. MD

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WENDALL S. SIPPEN. 312 ADDRESS

1234 56

1234 56

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
455 FIFTH AVENUE
NEW YORK, N. Y. 10018

LIBRARY OF THE
NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
455 FIFTH AVENUE
NEW YORK, N. Y. 10018

LIBRARY OF THE
NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
455 FIFTH AVENUE
NEW YORK, N. Y. 10018

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1985
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Philip J. Hoffman*

Philip J. (Hoffman)

2. DATE
OF
DEATH

29 Feb 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1200 Valley St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Little Sister of the Poor

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1200 Valley St

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widower

8. DATE OF BIRTH

June 23, 1868

9. AGE (in years last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk(register of Wills) City Employee

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Philip Hoffman

14. MOTHER'S MAIDEN NAME

Mary Kraner (Kraner)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Little Sister of the Poor

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1*, 1952, to *Feb 28*, 1952, that I last saw the deceased alive on *Feb 28*, 1952, and that death occurred at *2 4* m., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall MD

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

Feb 29-1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/3/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

Belair Rd & Moravia Blvd.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 29 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Schimunek Funeral Home

ADDRESS

2601-03-05 E. Madison Street, Baltimore, Md.

VS 150

937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

COMPANY
WATER



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1986BIRTH NO. 52 1986

1. NAME OF DECEASED (Type or Print) <u>Amy Washington</u>			2. DATE OF DEATH <u>Feb-25-1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 Perkins Street</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>27 Yrs.</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>614 Perkins Street</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Jan-1-1895</u>	9. AGE (In years last birthday) <u>56</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Accomac Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>George Wessel</u>			14. MOTHER'S MAIDEN NAME <u>Laura Waters</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <u>Lucy Duffie 1018 Brantly Ave</u>		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cornary occlusion</u> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertension</u> DUE TO (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 dg</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>2/18/52</u> to <u>2/25/52</u> , that I last saw the deceased alive on <u>2/21/52</u> , and that death occurred at <u>7:00 p.m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>Wm. C. Canner</u>		23B. ADDRESS <u>253 Box St</u>		23C. DATE SIGNED <u>2/25/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/2/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Metompskins Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Accomac Co. Va.</u>		24E. FUNERAL DIRECTOR <u>Elmer O. Wilson 1000 Brantly Ave</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 29 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			

CERTIFICATE OF DEATH

NATIONAL BUREAU OF HEALTH INFORMATION

Signature

5/11/51
123

5/11/51
123

W 623
52 1987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1987

1. NAME OF DECEASED (Type or Print) SUSIE M. WRIGHT			2. DATE OF DEATH 2/28/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-06		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5518 Harwood Ave; #7		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 4, 1875		9. AGE (In years last birthday) 76 yrs.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant Clerk			10B. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Samuel Wright			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary S. Christie
17. INFORMANT Mrs. Helen C. Edwards			ADDRESS Ave. 5508 Stonington		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of the colon DUE TO Colon		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1/22/52		19B. MAJOR FINDINGS OF OPERATION Carcinoma of the colon		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/17/1952 to 2/28, 1952 that I last saw the deceased alive on 2/28, 1952 and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Laksh Bakhair		23B. ADDRESS M. D.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/3/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Thos. P. Lickner & Sons Balto Md. 46E			
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams			

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

100-100

100-100

100-100



0-210

ND-903111988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 1988

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes O'Keefe

2. DATE
OF
DEATH Feb. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

B.C.H. 4940 Eastern Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 30, 1867

9. AGE (In years
last birthday)

84

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nurse 15 yrs

10B. KIND OF BUSINESS OR
INDUSTRY

B.C. Hospitals

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James McGreevey

14. MOTHER'S MAIDEN NAME

Mary O'Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Infarction, old

Over 1 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1944 to 2-28, 1952, that I last saw the
deceased alive on 2-28, 1952, and that death occurred at 8 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Cogen

23B. ADDRESS

M. D.

4940 Eastern Avenue

23C. DATE SIGNED

2-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/1/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Balto Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 29 1952

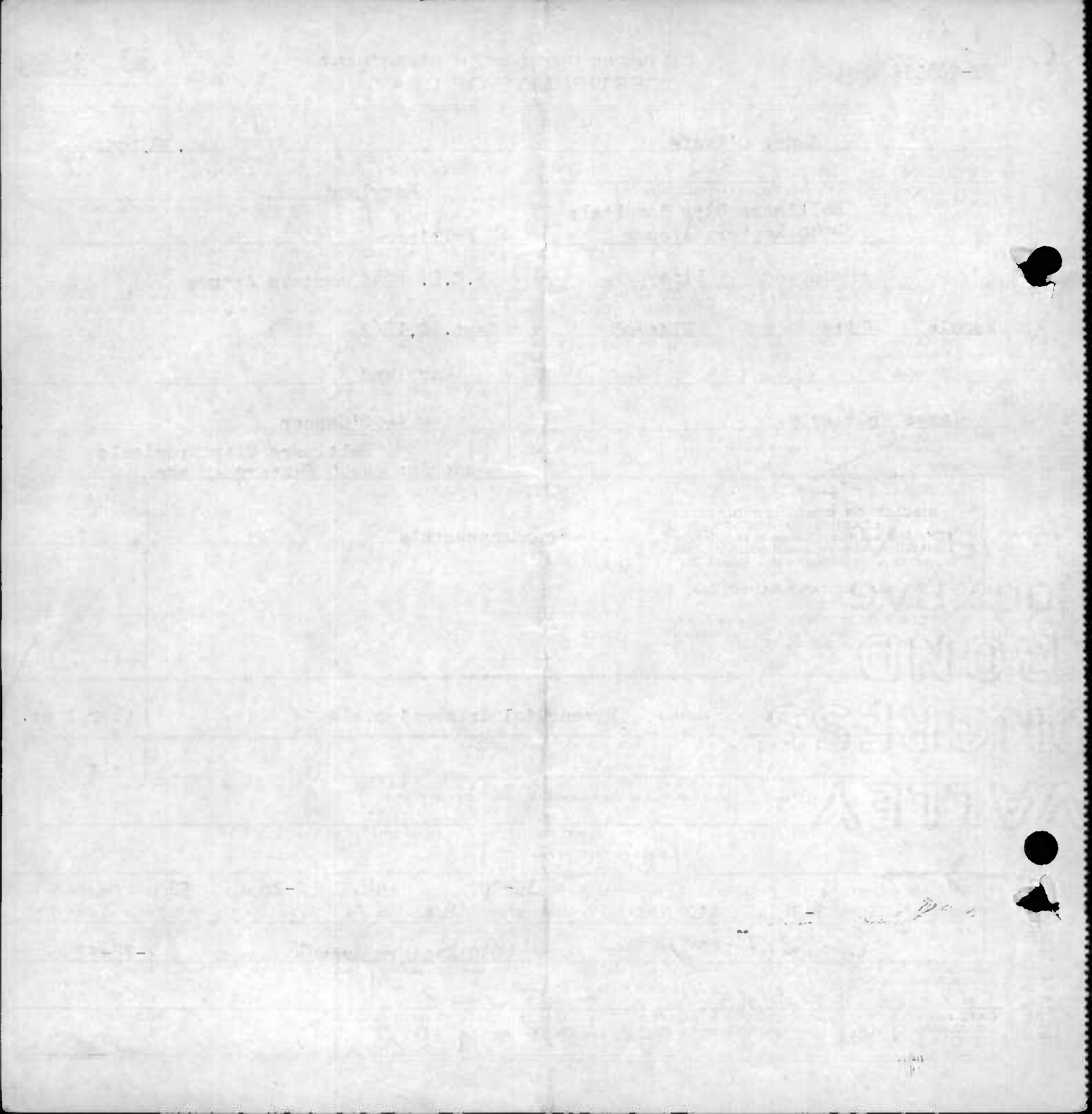
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

W. J. Cogen 1217 St. Paul St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 1989

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY ANTHONY ARNOLD

2. DATE
OF
DEATH

Feb. 28, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6201 Everall Ave., Zone 6

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

FEB 6 18859. AGE (In years
last birthday)67If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)MANAGER.10B. KIND OF BUSINESS OR
INDUSTRYBalto. Towel & Laundry
Supply

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

LOUIS ARNOLD.

14. MOTHER'S MAIDEN NAME

AUGUSTA STAFF15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

REBECCA A. ARNOLD 6201 EVERALL AVE18. 602X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Bilateral Nephrolithiasis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-52, 19 , to 2-28-52, 19 , that I last saw the
deceased alive on 2-28-52, 19 , and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

R. Andrew Celeste

M. D.

1400 N. Caroline St., #132/28/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIALMAR 3 1952PARK WOOD CEM.TAYLOR AVEMD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 29 1952Huntington Williams, M.D. 7110 BELAIR RD.

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1951

Feb. 11, 1951

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1990

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anita Brocksmitth

2. DATE
OF
DEATH

Feb 28, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Somerset

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westover

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6900

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5-11-15

9. AGE (In years last birthday)

36

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Liller

14. MOTHER'S MAIDEN NAME

Ethel Nutter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Levin Wilson - Business Manager

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Astrocytoma

7 mo

DUE TO

rt. parietal-occipital

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 29, 52

19B. MAJOR FINDINGS OF OPERATION

Astrocytoma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 22, 1952 to Feb 28, 1952 that I last saw the deceased alive on Feb 28, 1952, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

James E. Browne

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Feb 29, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-2-52

24C. NAME OF CEMETERY OR CREMATORY

Quinton

24D. LOCATION (City, town, or county)

Costin Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 29 1952 H. J. Williams, M.D. 402 S. Wolfe St.

VS 150

54a

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

HARTFORD CITY HEALTH DEPARTMENT

1900

WATER
COLLEGE

CAUSE OF DEATH



Medical Examiner's Case Released

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1991

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kavanagh, Joanna Cecilia

2. DATE
OF
DEATH

February 27, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

St. Joseph's

D. STREET ADDRESS (If rural, give location)

1629 E. 33rd. Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 30, 1872

9. AGE (In years
last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hwife.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Long

14. MOTHER'S MAIDEN NAME

Mary Mahoney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Kavanagh 434 N. Lakewood Ave.

18. 420.1 and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

M. D.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture, surgical neck, right femur

13 da.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore

1629 E. 33rd ST.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 14, 1952 @ app. 4 pm.

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell on kitchen floor

22. I hereby certify that I attended the deceased from February 14, 1952 to February 27, 1952, that I last saw the
deceased alive on Feb. 27, 1952, and that death occurred at 1:00 pm from the causes and on the date stated above.

23A. SIGNATURE

P. J. Williams

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Feb. 27, '52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/1/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 29 1952 Tunstington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Balto. St.

VS 150

N-820.0

P. J. Williams

94a

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of coroner		14. Signature of jury		15. Signature of jury	
16. Signature of jury		17. Signature of jury		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V-340
52 1992
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1992

1. NAME OF DECEASED (Type or Print) CLIFFORD VADALA			2. DATE OF DEATH FEB 27 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL 7			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 16 S. DECKER ST.		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-7-05	9. AGE (in years last birthday) 46	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician			10B. KIND OF BUSINESS OR INDUSTRY Music		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? ---			13. FATHER'S NAME Antonio Vadala		
14. MOTHER'S MAIDEN NAME Roberta Hawkins			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		
16. SOCIAL SECURITY NO. ?			17. INFORMANT ADDRESS THE JOHNS HOPKINS HOSPITAL		
18. 241X CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asthmatic Bronchitis					25 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cirrhosis of liver					2 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Morphine Intoxication					1 day
19A. DATE OF OPERATION 2-26-52			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-26-52 to 2-27-52 that I last saw the deceased alive on 2-27-52 and that death occurred at 6:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Dudley P. Jackson			23B. ADDRESS THE JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2/27/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/1/52	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem		24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 1993
Registered No.B-530
52 1993
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Helen Elizabeth Bennett			2. DATE OF DEATH Feb. 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 433 N. Luzerne Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 433 N. Luzerne Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1892		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John Walter			14. MOTHER'S MAIDEN NAME Louisa Reese		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -----			16. SOCIAL SECURITY NO. -----		17. INFORMANT Charles Nichols
			ADDRESS 433 N. Luzerne Av		

18. 175x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatosis DUE TO (A) Ca of ovary			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Ca of ovary DUE TO (C) -----					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 1/20/52		19B. MAJOR FINDINGS OF OPERATION Ca ovary		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/5/49 , 19 49 , to 2/28/52 , 19 52 , that I last saw the deceased alive on 2/22/52 , 19 52 , and that death occurred at 10:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE L. V. Jones		23B. ADDRESS 2612 Mount St.		23C. DATE SIGNED 2/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/3/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
				24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John G. Goren	
				ADDRESS 3000 E. Balto. St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **52 1994**

52 1994
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH GEORGE CARBAUGH			2. DATE OF DEATH Feb. 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 25-43		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2051 Whistler Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2051 Whistler Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 8, 1889	9. AGE (In years last birthday) 62	If Under 1 Year Months; Days If Under 24 Hours Hours; Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Tin Decorating	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Michael Carbaugh			14. MOTHER'S MAIDEN NAME Mary Lentz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-05-3363	17. INFORMANT ADDRESS Mrs. Ada E. Carbaugh - 2051 Whistler Ave.		

18. 196x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) Acute Cardiac Dilatation	DUE TO	1 day
	(B) Broncho. Pneumonia	DUE TO	2 days
	(C) Giant Cell Sarcoma of chest	DUE TO	15 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 1941-1951		19B. MAJOR FINDINGS OF OPERATION Giant Cell Sarcoma of chest	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Federal Tin Company Baltimore	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) STUCK IN chest with TRUCK	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept 21 1937 m.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? STUCK IN chest with TRUCK	
22. I hereby certify that I attended the deceased from SEP 21 , 19 37 , to FEB 27 , 19 52 , that I last saw the deceased alive on FEB 27 , 19 52 , and that death occurred at 11 P m., from the causes and on the date stated above.			
23A. SIGNATURE John G. Deamon		23B. ADDRESS 11 E. Ethel street	23C. DATE SIGNED 2/29/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/1/52	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.	24D. LOCATION (City, town, or county) (State) Elkridge, Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR J. Lickner & Sons	ADDRESS 555 North V.A. Blvd Md.

VS 150

52382

1901

1902

CERTIFICATE OF DEATH

1903



52 1995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1995

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADAM STADLER

2. DATE
OF
DEATH

February 27, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3618 Elmley Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-08D. STREET ADDRESS (If rural, give location)
219 S. Eaton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 16, 1884

9. AGE (in years
last birthday)

67

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Brick-Layer

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Peter Stadler

14. MOTHER'S MAIDEN NAME

?

Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Bishop 3618 Elmley Ave.

18. 422.2 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14 1952 to Feb 26 1952, that I last saw the deceased alive on Feb 26 1952, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 1, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county)

(State)

7401 German Hill Rd. Ba. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 - 1952

Huntington Williams, M.D. Charles S. Gile 905 S. Conkling St.

VS 150

504.24

107

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

SEX

AGE

RACE

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

NAME OF PHYSICIAN

NAME OF BURIAL PLACE

NAME OF COUNTY

NAME OF STATE

NAME OF CITY

NAME OF TOWNSHIP

NAME OF PARISH

NAME OF DISTRICT

NAME OF CENSUS TRACT

NAME OF BLOCK

NAME OF HOUSE

NAME OF ROOM

NAME OF BUILDING

NAME OF STREET

NAME OF AVENUE

NAME OF ROAD

NAME OF BRIDGE

NAME OF FERRY

NAME OF CANAL

NAME OF RAILROAD

NAME OF TUNNEL

NAME OF DAM

NAME OF LOCK

NAME OF WEIR

NAME OF SLUICE

NAME OF POND

NAME OF LAKE

NAME OF RIVER

NAME OF STREAM

NAME OF CREEK

NAME OF BROOK

NAME OF GULLY

NAME OF DITCH

NAME OF DRAIN

NAME OF TRENCH

NAME OF CUT

NAME OF EMBANKMENT

NAME OF FILL

NAME OF MOUND

NAME OF BAR

NAME OF POINT

NAME OF HEAD

NAME OF TAIL

NAME OF END

NAME OF BEGINNING

NAME OF ORIGIN

NAME OF SOURCE

NAME OF WELL

NAME OF SPRING

NAME OF FOUNTAIN

NAME OF CISTERN

NAME OF RESERVOIR

NAME OF POND

NAME OF LAKE

NAME OF RIVER

NAME OF STREAM

NAME OF CREEK

NAME OF BROOK

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NAME OF BROOK

NAME OF GULLY

NAME OF DITCH

NAME OF DRAIN

NAME OF TRENCH

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NAME OF SOURCE

NAME OF WELL

NAME OF SPRING

NAME OF FOUNTAIN

NAME OF CISTERN

NAME OF RESERVOIR

NAME OF POND

NAME OF LAKE

NAME OF RIVER

NAME OF STREAM

NAME OF CREEK

NAME OF BROOK

NAME OF GULLY

NAME

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

W 251
52 1996BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1996

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA E. WEISENBORN

2. DATE
OF
DEATH

2-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1307 W. FAYETTE ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and State township)

BALTIMORE

19-02

c. Length of stay in Baltimore

34

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1307 W. FAYETTE ST

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

2-13-1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Grostburg Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony WEISENBORN

14. MOTHER'S MAIDEN NAME

Elizabeth -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

Martha G. Williams

ADDRESS

1307 W. FAYETTE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

Feb. 16, 1952

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1952, to Feb. 29, 1952, that I last saw the deceased alive on Feb. 29, 1952, and that death occurred at 12 Noon, from the causes and on the date stated above.

23A. SIGNATURE

Martha G. Williams

23B. ADDRESS

54 P. Fulton Ave.

23C. DATE SIGNED

2-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-3-52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Rt. C. B. M. Walters

ADDRESS

Rt. C. B. M. Walters

8001 52

8001 52



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 1997

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT GAREY TOWERS

2. DATE
OF
DEATH

FEB 28, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

CAMBRIDGE ARMS APTS.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO

D. STREET ADDRESS (If rural, give location)

CAMBRIDGE ARMS APTS.

c. Length of stay in Baltimore

38 YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 1, 1873

9. AGE (in years
last birthday)

78

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FINANCIAL

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MO.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

FREDERICK TOWERS

14. MOTHER'S MAIDEN NAME

MARY GAREY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS. M. B. TOWERS

ADDRESS

SAME

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular accident 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio sclerosis ?

DUE TO

(C) Hunt 15 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hunt 15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 22, 1952, to Feb. 28, 1952, that I last saw the
deceased alive on Feb. 28, 1952, and that death occurred at 8 P. m. from the causes and on the date stated above.

23a. SIGNATURE

Francis W. Gluck

23b. ADDRESS

M. D. 3406 St. Paul St.

23c. DATE SIGNED

2-29-52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

3-1-1952

24c. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24d. LOCATION (City, town, or county)

PIKESVILLE

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS CO. 4905 YORK RD.

ADDRESS

VS 150

83a

DR. GLUCK

3406 ST. PAUL ST

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 1998**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis M. DeVage

2. DATE
OF
DEATH

Feb. 29/52

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
616 Chestnut Hill Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

616 Chestnut Hill Ave.

c. Length of stay in Baltimore **Life**

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 15, 1880

9. AGE (In years last birthday)

71

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Painter

10B. KIND OF BUSINESS OR INDUSTRY
For Geo. Schenk

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Devage

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nellie DeVage, 616 Chestnut Hill Ave.

18. **442X**

CAUSE OF DEATH

Ave.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage with hemiplegia (rt.)**
DUE TO

3 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertension, Cardiac, Vascular renal disease**
DUE TO

10 YRS.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan.**, 1951, to **Feb. 29**, 1952, that I last saw the deceased alive on **Feb. 28**, 1952, and that death occurred at **2:30 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Taylor

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Mar 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 5, 52

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Pk. Dorsey, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 1 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harvey H. Witzke

ADDRESS

4101 Edmondson Ave.

STATE OF TEXAS
COUNTY OF _____
CERTIFICATE OF DEATH

No. _____

Decedent's Name _____

Age _____

Sex _____

Color _____

Marital Status _____

Place of Birth _____

Occupation _____

Education _____

Religion _____

Usual Residence _____

Place of Death _____

Date of Death _____

Time of Death _____

Cause of Death _____

Manner of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 1999
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna C. Rush

2. DATE
OF
DEATH

Feb. 28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

604 N. Loudon Ave.

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

604 N. Loudon Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 25, 1894

9. AGE (In years last birthday)

37

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Lady

10B. KIND OF BUSINESS OR INDUSTRY

Builders Exchange Building Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Kammer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Rush, 604 N. Loudon Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

5 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterial Hypertension severe

(C)

Obesity severe

5

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/28/52, 19, to 2/28/52, 19, that I last saw the deceased alive on 2/28/52, 19, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 1/52

Loudon Pk.

Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 - 1952

Huntington Williams

4101 Edmondson

ve

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 2000

BIRTH NO. 52-00028

1. NAME OF DECEASED
(Type or Print)

ZEBEDEE

MURPHY

2. DATE
OF
DEATH

Feb. 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

527 McMechen Street

c. Length of stay in Baltimore

2 mos

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 1, 1952

9. AGE (In years
last birthday)

2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Mip.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Zebedee L. Murphy

14. MOTHER'S MAIDEN NAME

Mildred Matthews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 527

18.

391.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Otitis media

DUE TO

ANTECEDENT CAUSES

(B) Acute bronchitis and focal pneumonia

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Honey H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 1 - 1952

Huntington Williams M.D.

1600 Daniel Still Ave

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